

SEARCH REQUEST FORM

182

Requestor's
Name:

Cools

Serial

Number: 09/738 983

Date:

3/24/99

Phone:

308 4724

Art Unit:

1610

Search Topic:

Please write a detailed statement of search topic. Describe specifically as possible the subject matter to be searched. Define any terms that may have a special meaning. Give examples or relevant citations, authors, keywords, etc., if known. For sequences, please attach a copy of the sequence. You may include a copy of the broadest and/or most relevant claim(s).

Inventor is John Mc Callough, Paul D. Rubin

Please search methods of using (-) bupropion

for pain

nicotine addiction & smoking cessation.

"chronic disorders" - chronic fatigue

narcolepsy

fibromyalgia

SAD

premenstrual syndrome & dysphoria

weight control

Thanks
Rebecca

STAFF USE ONLY

308-4290

Date completed:

4/2/99

Searcher:

K. Fuller

Terminal time:

50

Elapsed time:

CPU time:

Total time:

70

Number of Searches:

Number of Databases:

Search Site

☒ STIC☐ CM-1☐ Pre-S

Type of Search

☐ N.A. Sequence☐ A.A. Sequence☐ Structure☒ Bibliographic

Vendors

☐ IG☒ STN☐ Dialog☐ APS☐ Geninfo☐ SDC☐ DARC/Questel☐ Other

=> FILE REG

FILE 'REGISTRY' ENTERED AT 15:11:29 ON 02 APR 1999
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STRUCTURE FILE UPDATES: 26 MAR 99 HIGHEST RN 220764-97-6
DICTIONARY FILE UPDATES: 1 APR 99 HIGHEST RN 220764-97-6

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 13, 1999

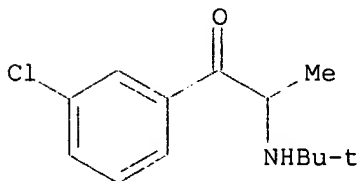
Please note that search-term pricing does apply when
conducting SmartSELECT searches.

=> D HIS L34

(FILE 'REGISTRY' ENTERED AT 15:04:55 ON 02 APR 1999)
L34 2 S BUPROPION

=> D L34 1-2

L34 ANSWER 1 OF 2 REGISTRY COPYRIGHT 1999 ACS
RN 34911-55-2 REGISTRY
CN 1-Propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1-Propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]-, (.+-.)-
OTHER NAMES:
CN .alpha.-(tert-Butylamino)-m-chloropropiophenone
CN Amfebutamone
CN **Bupropion**
DR 34841-39-9
MF C13 H18 Cl N O
CI COM
LC STN Files: AIDSLINE, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, CA, CANCERLIT, CAPLUS, CBNB, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, PHAR, PROMT, RTECS*, SPECINFO, TOXLINE, TOXLIT, USAN, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO

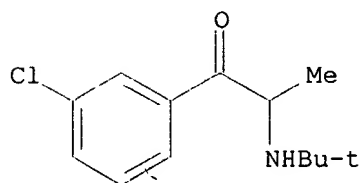


514/649

261 REFERENCES IN FILE CA (1967 TO DATE)
4 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
262 REFERENCES IN FILE CAPLUS (1967 TO DATE)

L34 ANSWER 2 OF 2 REGISTRY COPYRIGHT 1999 ACS
RN 31677-93-7 REGISTRY
CN 1-Propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]-, hydrochloride (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1-Propanone, 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]-, KATHLEEN FULLER STIC LIBRARY 308-4290

hydrochloride, (.-.-)-
 CN Propiophenone, 2-(tert-butylamino)-3'-chloro-, hydrochloride, (.-.-)-
 (8CI)
 OTHER NAMES:
 CN .alpha.-(tert-Butylamino)-m-chloropropiophenone hydrochloride
 CN **Bupropion hydrochloride**
 CN m-Chloro-.alpha.-tert-butylaminopropiophenone hydrochloride
 CN Wellbatrin
 CN Wellbutrin
 CN Zyban
 CN Zyban (pharmaceutical)
 DR 34841-36-6
 MF C13 H18 Cl N O . Cl H
 LC STN Files: BIOBUSINESS, BIOSIS, CA, CAPLUS, CEN, CHEMCATS, CHEMLIST,
 CBNB, CIN, CSCHEM, DRUGPAT, DRUGUPDATES, EMBASE, IFICDB, IFIPAT, IFIUDB,
 IPA, MRCK*, PHAR, PROMT, RTECS*, TOXLINE, TOXLIT, USAN, USPATFULL
 (*File contains numerically searchable property data)
 Other Sources: EINECS**
 (**Enter CHEMLIST File for up-to-date regulatory information)
 CRN (34911-55-2)



● HCl

30 REFERENCES IN FILE CA (1967 TO DATE)
 30 REFERENCES IN FILE CAPLUS (1967 TO DATE)

=> FILE HCAPLUS

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	8.38	55.38

FILE 'HCAPLUS' ENTERED AT 16:41:27 ON 02 APR 1999
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FILE COVERS 1967 - 2 Apr 1999 VOL 130 ISS 14
 FILE LAST UPDATED: 2 Apr 1999 (19990402/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

This file supports REGISTRY for direct browsing and searching of
 KATHLEEN FULLER STIC LIBRARY 308-4290

all substance data from the REGISTRY file. Enter HELP FIRST for more information.

=> D QUE L11

```

L1      2 SEA FILE=REGISTRY ABB=ON BUPROPION
L2      299 SEA FILE=HCAPLUS ABB=ON L1
L3      372 SEA FILE=HCAPLUS ABB=ON L2 OR ?BUPROPION? OR ZYBAN OR
        WELLB!TRIN OR AMFEBUTAMON
L4      2 SEA FILE=HCAPLUS ABB=ON L3 AND NICOTINE(5A) (DEPEND? OR
        ADDICT? OR WITHDRAW?)
L5      7 SEA FILE=HCAPLUS ABB=ON L3 AND SMOKING
L6      2 SEA FILE=HCAPLUS ABB=ON L3 AND PAIN
L7      0 SEA FILE=HCAPLUS ABB=ON L3 AND CHRONIC(S) (FATIGUE OR DISORDER?
        )
L8      2 SEA FILE=HCAPLUS ABB=ON L3 AND (NARCOLEP? OR FIBROMYAL? OR
        PMS OR PREMENSTRU? OR SAD OR SEASON? AFFECT?)
L9      3 SEA FILE=HCAPLUS ABB=ON L3 AND ((OBES? OR WEIGHT?) (5A) (LOSS?
        OR CONTROL? ) OR ANTIOBES?)
L10     0 SEA FILE=HCAPLUS ABB=ON L3 AND (PURE OR PURITY OR OPTICAL?)
L11     15 SEA FILE=HCAPLUS ABB=ON (L4 OR L5 OR L6 OR L7 OR L8 OR L9 OR
        L10)

```

=> FILE WPIDS

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	1.80	57.18

FILE 'WPIDS' ENTERED AT 16:41:38 ON 02 APR 1999
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FILE LAST UPDATED: 31 MAR 1999 <19990331/UP>
>>>UPDATE WEEKS:
MOST RECENT DERWENT WEEK 199913 <199913/DW>
DERWENT WEEK FOR CHEMICAL CODING: 199913
DERWENT WEEK FOR POLYMER INDEXING: 199913
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

>>> D COST AND SET NOTICE DO NOT REFLECT SUBSCRIBER DISCOUNTS -
SEE HELP COST <<<

>>> INDEXING UPDATE CODES JUMP FORWARD TO 9901 - SEE NEWS <<<

=> D QUE L14

```

L1      2 SEA FILE=REGISTRY ABB=ON BUPROPION
L2      299 SEA FILE=HCAPLUS ABB=ON L1
L3      372 SEA FILE=HCAPLUS ABB=ON L2 OR ?BUPROPION? OR ZYBAN OR
        WELLB!TRIN OR AMFEBUTAMON
L4      2 SEA FILE=HCAPLUS ABB=ON L3 AND NICOTINE(5A) (DEPEND? OR
        ADDICT? OR WITHDRAW?)
L5      7 SEA FILE=HCAPLUS ABB=ON L3 AND SMOKING
L6      2 SEA FILE=HCAPLUS ABB=ON L3 AND PAIN
L7      0 SEA FILE=HCAPLUS ABB=ON L3 AND CHRONIC(S) (FATIGUE OR DISORDER?
        )
L8      2 SEA FILE=HCAPLUS ABB=ON L3 AND (NARCOLEP? OR FIBROMYAL? OR
        PMS OR PREMENSTRU? OR SAD OR SEASON? AFFECT?)
L9      3 SEA FILE=HCAPLUS ABB=ON L3 AND ((OBES? OR WEIGHT?) (5A) (LOSS?
        OR CONTROL? ) OR ANTIOBES?)
L10     0 SEA FILE=HCAPLUS ABB=ON L3 AND (PURE OR PURITY OR OPTICAL?)
L12     2 SEA FILE=WPIDS ABB=ON (L4 OR L5 OR L6 OR L7 OR L8 OR L9 OR
        L10)
L13     6 SEA FILE=WPIDS ABB=ON R19387/DCN
        KATHLEEN FULLER STIC LIBRARY 308-4290

```

L14 7 SEA FILE=WPIDS ABB=ON L12 OR L13

=> FILE MEDLINE

COST IN U.S. DOLLARS	SINCE FILE	TOTAL
	ENTRY	SESSION
FULL ESTIMATED COST	2.66	59.84

FILE 'MEDLINE' ENTERED AT 16:41:50 ON 02 APR 1999

FILE LAST UPDATED: 26 MAR 1999 (19990326/UP). FILE COVERS 1966 TO DATE.

MEDLINE has been reloaded to reflect the annual MeSH changes made by the National Library of Medicine for 1999. Enter HELP RLOAD for details.

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

=> D QUE L29

```

L1          2 SEA FILE=REGISTRY ABB=ON BUPROPION
L2          299 SEA FILE=HCAPLUS ABB=ON L1
L3          372 SEA FILE=HCAPLUS ABB=ON L2 OR ?BUPROPION? OR ZYBAN OR
           WELLB!TRIN OR AMFEBUTAMON
L4          2 SEA FILE=HCAPLUS ABB=ON L3 AND NICOTINE(5A) (DEPEND? OR
           ADDICT? OR WITHDRAW?)
L5          7 SEA FILE=HCAPLUS ABB=ON L3 AND SMOKING
L6          2 SEA FILE=HCAPLUS ABB=ON L3 AND PAIN
L7          0 SEA FILE=HCAPLUS ABB=ON L3 AND CHRONIC(S) (FATIGUE OR DISORDER?
           )
L8          2 SEA FILE=HCAPLUS ABB=ON L3 AND (NARCOLEP? OR FIBROMYAL? OR
           PMS OR PREMENSTRU? OR SAD OR SEASON? AFFECT?)
L9          3 SEA FILE=HCAPLUS ABB=ON L3 AND ((OBES? OR WEIGHT?) (5A) (LOSS?
           OR CONTROL? ) OR ANTI OBES?)
L10         0 SEA FILE=HCAPLUS ABB=ON L3 AND (PURE OR PURITY OR OPTICAL?)
L15         547 SEA FILE=MEDLINE ABB=ON L2 OR ?BUPROPION? OR ZYBAN OR
           WELLB!TRIN OR AMFEBUTAMON
L16         280 SEA FILE=MEDLINE ABB=ON L15 AND DT/CT
L17         46 SEA FILE=MEDLINE ABB=ON (L4 OR L5 OR L6 OR L7 OR L8 OR L9 OR
           L10)
L18         1974 SEA FILE=MEDLINE ABB=ON PREMENSTRUAL SYNDROME+NT/CT
L19         2996 SEA FILE=MEDLINE ABB=ON SMOKING CESSATION+NT/CT
L20         44496 SEA FILE=MEDLINE ABB=ON MOOD DISORDERS+NT/CT
L21         1485 SEA FILE=MEDLINE ABB=ON FATIGUE SYNDROME, CHRONIC+NT/CT
L22         2858 SEA FILE=MEDLINE ABB=ON APPETITE+NT/CT
L26         27 SEA FILE=MEDLINE ABB=ON L15 AND (L18 OR L19 OR L21 OR L22)
L27         27 SEA FILE=MEDLINE ABB=ON L17 AND DT/CT
L28         2 SEA FILE=MEDLINE ABB=ON L16 AND L20 AND (SAD OR SEASON?)
L29         42 SEA FILE=MEDLINE ABB=ON L26 OR L27 OR L28

```

=> FILE EMBASE

COST IN U.S. DOLLARS	SINCE FILE	TOTAL
	ENTRY	SESSION
FULL ESTIMATED COST	0.30	60.14

FILE 'EMBASE' ENTERED AT 16:42:03 ON 02 APR 1999

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FILE COVERS 1974 TO 1 Apr 1999 (19990401/ED)

EMBASE has been reloaded. Enter HELP RLOAD for details.

This file contains CAS Registry Numbers for easy and accurate
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substance identification.

=> D QUE L35

```

L1      2 SEA FILE=REGISTRY ABB=ON  BUPROPION
L2      299 SEA FILE=HCAPLUS ABB=ON  L1
L3      372 SEA FILE=HCAPLUS ABB=ON  L2 OR ?BUPROPION? OR ZYBAN OR
      WELLB!TRIN OR AMFEBUTAMON
L4      2 SEA FILE=HCAPLUS ABB=ON  L3 AND NICOTINE(5A) (DEPEND? OR
      ADDICT? OR WITHDRAW?)
L5      7 SEA FILE=HCAPLUS ABB=ON  L3 AND SMOKING
L6      2 SEA FILE=HCAPLUS ABB=ON  L3 AND PAIN
L7      0 SEA FILE=HCAPLUS ABB=ON  L3 AND CHRONIC(S) (FATIGUE OR DISORDER?
      )
L8      2 SEA FILE=HCAPLUS ABB=ON  L3 AND (NARCOLEP? OR FIBROMYAL? OR
      PMS OR PREMENSTRU? OR SAD OR SEASON? AFFECT?)
L9      3 SEA FILE=HCAPLUS ABB=ON  L3 AND ((OBES? OR WEIGHT?) (5A) (LOSS?
      OR CONTROL? ) OR ANTI OBES?)
L10     0 SEA FILE=HCAPLUS ABB=ON  L3 AND (PURE OR PURITY OR OPTICAL?)
L31     189 SEA FILE=EMBASE ABB=ON  (L4 OR L5 OR L6 OR L7 OR L8 OR L9 OR
      L10)
L32     159 SEA FILE=EMBASE ABB=ON  L31 AND (DT/CT OR DRUG THERAPY/CT)
L33     1578 SEA FILE=EMBASE ABB=ON  AMFEBUTAMONE+NT/CT
L34     698 SEA FILE=EMBASE ABB=ON  L33/MAJ
L35     52 SEA FILE=EMBASE ABB=ON  L32 AND L34

```

=> DUP REM L11 L14 L29 L35

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

0.83

60.97

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FILE 'MEDLINE' ENTERED AT 16:42:30 ON 02 APR 1999

FILE 'EMBASE' ENTERED AT 16:42:30 ON 02 APR 1999
 COPYRIGHT (C) 1999 Elsevier Science B.V. All rights reserved.
 PROCESSING COMPLETED FOR L11
 PROCESSING COMPLETED FOR L14
 PROCESSING COMPLETED FOR L29
 PROCESSING COMPLETED FOR L35

L36 93 DUP REM L11 L14 L29 L35 (23 DUPLICATES REMOVED)

=> SET COST OFF

SET COMMAND COMPLETED

=> D L36 ALL 1-93

L36 ANSWER 1 OF 93 HCAPLUS COPYRIGHT 1999 ACS
 AN 1999:133624 HCAPLUS
 DN 130:158438
 TI Prolonged release active agent dosage form adapted for gastric retention
 IN Dong, Liang C.; Edgren, David E.; Gardner, Phyllis I.; Jao, Francisco;
 Theeuwes, Felix; Wan, Jason; Wong, Patrick S.-L.
 PA Alza Corporation, USA

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SO PCT Int. Appl., 63 pp.
 CODEN: PIXXD2
 DT Patent
 LA English
 IC ICM A61K009-00
 ICS A61K009-20
 CC 63-6 (Pharmaceuticals)
 FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9907342	A1	19990218	WO 98-US16597	19980810
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
PRAI	US 97-55475		19970811		
AB	An active agent dosage form which is adapted for retention in the stomach and useful for the prolonged delivery of an active agent formulation to a fluid environment of use is disclosed. The active agent dosage form is a polymer matrix that swells upon contact with the fluids of the stomach. A portion of the polymer matrix is surrounded by a band of insol. material that prevents the covered portion of the polymer matrix from swelling and provides a segment of the dosage form that is of sufficient rigidity to withstand the contractions of the stomach and delay expulsion of the dosage form from the stomach until substantially all of the active agent has been dispensed. Sustained-release caplets contg. 625 mg acyclovir were prepd. A single dose of 625 mg of acyclovir maintained plasma profiles in dogs for 12 h and the levels were comparable to 600 mg in divided doses.				
ST	prolonged release pharmaceutical gastric retention				
IT	Gastric emptying (delaying agents; prolonged release active agent dosage form adapted for gastric retention)				
IT	Antidepressants Antidiabetic agents Antimicrobial agents Antiobesity agents Antiviral agents Cholinergic antagonists Food Fungicides Sustained release drug delivery systems Sustained release tablets (drug delivery systems) (prolonged release active agent dosage form adapted for gastric retention)				
IT	Fatty acids, biological studies Polymers, biological studies Polyoxyalkylenes, biological studies RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses) (prolonged release active agent dosage form adapted for gastric retention)				
IT	9004-34-6, Cellulose, biological studies RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses) (microcryst.; prolonged release active agent dosage form adapted for gastric retention)				
IT	59277-89-3, Acyclovir RL: BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses) (prolonged release active agent dosage form adapted for gastric retention)				

IT 555-30-6, Methyl dopa 657-24-9, Metformin 1327-43-1D, Magnesium aluminum silicate, crosslinked 9000-30-0, Guar gum 9002-89-5, Polyvinyl alcohol 9003-01-4D, Polyacrylic acid, crosslinked 9003-39-8D, Pvp, crosslinked 9004-32-4, Sodium carboxy methyl cellulose 9004-32-4D, Sodium carboxymethyl cellulose, crosslinked 9004-62-0, Hydroxyethyl cellulose 9004-64-2, Hydroxypropyl cellulose 9004-65-3, Hydroxypropyl methyl cellulose 9004-67-5, Methyl cellulose 9005-25-8, Corn starch, biological studies 9005-25-8D, Starch, pregelatinized 9005-32-7D, Alginic acid, crosslinked 9050-04-8, Calcium carboxy methyl cellulose 9050-04-8D, Calcium carboxymethyl cellulose, crosslinked 9050-36-6, Maltodextrin 9063-38-1, Sodium carboxymethyl starch 10118-90-8, Minocycline 14611-51-9, Selegiline 25322-68-3, Polyethyleneoxide 34911-55-2, Bupropion 51481-61-9, Cimetidine 62571-86-2, Captopril 66357-35-5, Ranitidine 82410-32-0, Ganciclovir 83799-24-0, Fexofenadine 96829-58-2, Orlistat

RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(prolonged release active agent dosage form adapted for gastric retention)

IT 9079-25-8D, Amberlite, crosslinked

RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(resin; prolonged release active agent dosage form adapted for gastric retention)

L36 ANSWER 2 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 1

AN 1999:191227 HCAPLUS

TI A controlled trial of sustained-release bupropion, a nicotine patch, or both for smoking cessation

AU Jorenby, Douglas E.; Leischow, Scott J.; Nides, Mitchell A.; Rennard, Stephen I.; Johnston, J. Andrew; Hughes, Arlene R.; Smith, Stevens S.; Muramoto, Myra L.; Daughton, David M.; Doan, Kimberli; Fiore, Michael C.; Baker, Timothy B.

CS Center for Tobacco Research and Intervention, University of Wisconsin Medical School, Madison, WI, USA

SO N. Engl. J. Med. (1999), 340(9), 685-691
CODEN: NEJMAG; ISSN: 0028-4793

PB Massachusetts Medical Society

DT Journal

LA English

CC 1 (Pharmacology)

AB Background and Methods Use of nicotine-replacement therapies and the antidepressant bupropion helps people stop smoking. We conducted a double-blind, placebo-controlled comparison of sustained-release bupropion (244 subjects), a nicotine patch (244 subjects), bupropion and a nicotine patch (245 subjects), and placebo (160 subjects) for smoking cessation. Smokers with clin. depression were excluded. Treatment consisted of nine weeks of bupropion (150 mg a day for the first three days, and then 150 mg twice daily) or placebo, as well as eight weeks of nicotine-patch therapy (21 mg per day during weeks 2 through 7, 14 mg per day during week 8, and 7 mg per day during week 9) or placebo. The target day for quitting smoking was usually day 8. Results The abstinence rates at 12 mo were 15.6 percent in the placebo group, as compared with 16.4 percent in the nicotine-patch group, 30.3 percent in the bupropion group ($P<0.001$), and 35.5 percent in the group given bupropion and the nicotine patch ($P<0.001$). By week 7, subjects in the placebo group had gained an av. of 2.1 kg, as compared with a gain of 1.6 kg in the nicotine-patch group, a gain of 1.7 kg in the bupropion group, and a gain of 1.1 kg in the combined-treatment group ($P<0.05$). Wt. gain at seven weeks was significantly less in the combined-treatment group than in the bupropion group and the placebo group ($P<0.05$ for both comparisons). A total of 311 subjects (34.8 percent) discontinued one or both medications. Seventy-nine subjects stopped treatment because of adverse events: 6 in the placebo group (3.8 percent), 16 in the nicotine-patch group (6.6 percent), 29 in the bupropion group

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(11.9 percent), and 28 in the combined-treatment group (11.4 percent). The most common adverse events were insomnia and headache. Conclusions Treatment with sustained-release **bupropion** alone or in combination with a nicotine patch resulted in significantly higher long-term rates of **smoking** cessation than use of either the nicotine patch alone or placebo. Abstinence rates were higher with combination therapy than with **bupropion** alone, but the difference was not statistically significant.

- L36 ANSWER 3 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 1999044592 EMBASE
 TI Treatment of smokeless tobacco addiction with **bupropion** and behavior modification [6].
 AU Berigan T.R.; Deagle III E.A.
 CS Dr. T.R. Berigan, 82D Airborne Division, Fort Bragg, NC, United States
 SO Journal of the American Medical Association, (20 Jan 1999) 281/3 (233).
 Refs: 5
 ISSN: 0098-7484 CODEN: JAMAAP
 CY United States
 DT Journal; Letter
 FS 032 Psychiatry
 037 Drug Literature Index
 040 Drug Dependence, Alcohol Abuse and Alcoholism
 LA English
 CT Medical Descriptors:
 *drug dependence: DT, drug therapy
 *smoking cessation
 *behavior modification
 drug dependence treatment
 drug efficacy
 human
 male
 case report
 adult
 letter
 priority journal
 Drug Descriptors:
 *smokeless tobacco
 *amfebutamone: DT, drug therapy
 *amfebutamone: PD, pharmacology
 nicotine
 RN (smokeless tobacco) 64706-31-6; (amfebutamone) 31677-93-7,
 34911-55-2; (nicotine) 54-11-5
- L36 ANSWER 4 OF 93 HCAPLUS COPYRIGHT 1999 ACS
 AN 1999:24870 HCAPLUS
 TI Noncompetitive functional inhibition at diverse, human nicotinic acetylcholine receptor subtypes by **bupropion**, phencyclidine, and ibogaine
 AU Fryer, John D.; Lukas, Ronald J.
 CS Division of Neurobiology, Barrow Neurological Institute, Phoenix, AZ, USA
 SO J. Pharmacol. Exp. Ther. (1999), 288(1), 88-92
 CODEN: JPETAB; ISSN: 0022-3565
 PB American Society for Pharmacology and Experimental Therapeutics
 DT Journal
 LA English
 CC 1 (Pharmacology)
 AB Nicotinic acetylcholine receptors (nAChR) are diverse members of the neurotransmitter-gated ion channel superfamily and play crit. roles in chem. signaling throughout the nervous system. The present study establishes the acute functional effects of **bupropion**, phencyclidine, and ibogaine on two human nAChR subtypes. Function of muscle-type nAChR (.alpha.1.beta..gamma..delta.) in TE671/RD cells or of ganglionic nAChR (.alpha.3.beta.4.alpha.5.+-.beta.2) in SH-SY5Y
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neuroblastoma cells was measured with 86Rb+ efflux assays. Functional blockade of human muscle-type and ganglionic nAChR is produced by each of the drugs in the low to intermediate micromolar range. Functional blockade is insurmountable by increasing agonist concns. in TE671/RD and SH-SY5Y cells for each of these drugs, suggesting non-competitive inhibition of nAChR function. Based on these findings, we hypothesize that nAChR are targets of diverse substances of abuse and agents used in antiaddiction/**smoking** cessation strategies. We also hypothesize that nAChR play heretofore underappreciated roles in depression and as targets for clin. useful antidepressants.

L36 ANSWER 5 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 2
 AN 1999:69001 HCAPLUS
 TI Recent advances in the pharmacotherapy of **smoking**
 AU Hughes, John R.; Goldstein, Michael G.; Hurt, Richard D.; Shiffman, Saul
 CS Department of Psychiatry, University of Vermont, Burlington, UT,
 05401-1419, USA
 SO JAMA, J. Am. Med. Assoc. (1999), 281(1), 72-76
 CODEN: JAMAAP; ISSN: 0098-7484
 PB American Medical Association
 DT Journal
 LA English
 CC 4 (Toxicology)
 AB Since the 1996 publication of guidelines on **smoking** cessation from the Agency for Health Care Policy and Research and the American Psychiatric Assocn., several new treatments have become available, including nicotine nasal spray, nicotine inhaler, and **bupropion** hydrochloride. In addn., nicotine gum and patch have become available over-the-counter. This article reviews the published literature and US Food and Drug Administration and pharmaceutical company reports on these therapies. Based on this review, clin. logic, and experience, we conclude that pharmacotherapy should be made available to all smokers. All currently available therapies appear to be equally efficacious, approx. doubling the quit rate compared with placebo. Concomitant behavioral or supportive therapy increases quit rates and should be encouraged but not required. Combining patch with gum or patch with **bupropion** may increase the quit rate compared with any single treatment. Because patient characteristics predictive of success with a particular therapy are not yet known, the best treatment choice for an individual patient should be guided by the patient's past experience and preference and the product's adverse effect profile.

L36 ANSWER 6 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 1999060173 EMBASE
 TI Lifestyle drugs: One health plan's actions.
 SO Formulary, (1999) 34/1 (58+64).
 ISSN: 1082-801X CODEN: FORMF
 CY United States
 DT Journal; Conference Article
 FS 030 Pharmacology
 036 Health Policy, Economics and Management
 037 Drug Literature Index
 LA English
 CT Medical Descriptors:
 *lifestyle
 *drug indication
 demography
 Turner syndrome: CN, congenital disorder
 Turner syndrome: DT, **drug therapy**
 Turner syndrome: EP, epidemiology
 Noonan syndrome: CN, congenital disorder
 Noonan syndrome: DT, **drug therapy**
 Noonan syndrome: EP, epidemiology
 decision making

acquired immune deficiency syndrome: DI, diagnosis
 acquired immune deficiency syndrome: EP, epidemiology
 acquired immune deficiency syndrome: ET, etiology

acne: DI, diagnosis

acne: EP, epidemiology

acne: ET, etiology

diabetic foot: DT, drug therapy

menopause: EP, epidemiology

smoking cessation

depression: DT, drug therapy

behavior modification

weight reduction

obesity: DM, disease management

obesity: DT, drug therapy

human

human tissue

human cell

conference paper

Drug Descriptors:

*sildenafil: DT, drug therapy

*sildenafil: PD, pharmacology

*retinoic acid: DT, drug therapy

*retinoic acid: PD, pharmacology

*antifungal agent: DT, drug therapy

*antifungal agent: PD, pharmacology

*growth hormone: DT, drug therapy

*growth hormone: PD, pharmacology

*retinoid derivative: DT, drug therapy

*retinoid derivative: PD, pharmacology

*amfebutamone: DT, drug therapy

*amfebutamone: PD, pharmacology

serotonin uptake inhibitor: PD, pharmacology

RN (sildenafil) 139755-83-2; (retinoic acid) 302-79-4; (growth hormone)
 36992-73-1, 37267-05-3, 66419-50-9, 9002-72-6; (amfebutamone)
 31677-93-7, 34911-55-2

CN Wellbutrin sr

L36 ANSWER 7 OF 93 MEDLINE

AN 1998285501 MEDLINE

DN 98285501

TI Zyban: two products, two uses--too confusing? [letter].

AU Bubb M R

SO JAMA, (1998 Jun 3) 279 (21) 1701-2.

Journal code: KFR. ISSN: 0098-7484.

CY United States

DT Letter

LA English

FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals

EM 199808

CT Check Tags: Human

*Bupropion

Bupropion: TU, therapeutic use

*Dopamine Uptake Inhibitors

Dopamine Uptake Inhibitors: TU, therapeutic use

Drug Combinations

*Fungicides, Industrial

*Maneb

*Smoking Cessation

*Terminology

*Thiophanate

*Zineb

RN 12122-67-7 (Zineb); 12427-38-2 (Maneb); 23564-05-8 (Thiophanate);
 34841-39-9 (Bupropion); 60240-47-3 (Zyban fungicide)

CN 0 (Dopamine Uptake Inhibitors); 0 (Drug Combinations); 0 (Fungicides,
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Industrial)

L36 ANSWER 8 OF 93 MEDLINE
AN 1998129160 MEDLINE
DN 98129160
TI Sustained-release **bupropion** for smoking cessation [letter;
comment].
CM Comment on: N Engl J Med 1997 Oct 23;337(17):1195-202
AU Pasternak M
SO NEW ENGLAND JOURNAL OF MEDICINE, (1998 Feb 26) 338 (9) 619-20.
Journal code: NOW. ISSN: 0028-4793.
CY United States
DT Commentary
Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 199804
CT Check Tags: Human
***Bupropion: TU, therapeutic use**
Placebo Effect
Research Design
***Smoking Cessation: MT, methods**
RN 34841-39-9 (**Bupropion**)

L36 ANSWER 9 OF 93 MEDLINE
AN 1998451698 MEDLINE
DN 98451698
TI Abstinence rates achieved with bupropion corrected [letter].
AU McClure J B
SO ONCOLOGY, (1998 Sep) 12 (9) 1303.
Journal code: AVP. ISSN: 0890-9091.
CY United States
DT Letter
LA English
FS Priority Journals
EM 199903
EW 19990304
CT Check Tags: Human
***Bupropion: PD, pharmacology**
*Dopamine Uptake Inhibitors: PD, pharmacology
***Smoking Cessation**
RN 34841-39-9 (**Bupropion**)
CN 0 (Dopamine Uptake Inhibitors)

L36 ANSWER 10 OF 93 MEDLINE
AN 1998129159 MEDLINE
DN 98129159
TI Sustained-release **bupropion** for smoking cessation [letter;
comment].
CM Comment on: N Engl J Med 1997 Oct 23;337(17):1195-202
AU McAfee T; France E
SO NEW ENGLAND JOURNAL OF MEDICINE, (1998 Feb 26) 338 (9) 619; discussion
620.
Journal code: NOW. ISSN: 0028-4793.
CY United States
DT Commentary
Letter
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 199804
CT ***Bupropion: AD, administration & dosage**
Bupropion: AE, adverse effects
Dose-Response Relationship, Drug
***Smoking Cessation: MT, methods**
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Weight Gain: DE, drug effects
RN 34841-39-9 (Bupropion)

L36 ANSWER 11 OF 93 HCAPLUS COPYRIGHT 1999 ACS

AN 1998:744954 HCAPLUS

DN 130:17239

TI Pharmaceutical composition and method combining an antidepressant with an NMDA receptor antagonist, for treating neuropathic pain

IN Caruso, Frank S.

PA Algos Pharmaceutical Corp., USA

SO PCT Int. Appl., 22 pp.

CODEN: PIXXD2

DT Patent

LA English

IC ICM A61K031-645

ICS A61K031-485; A61K031-42; A61K031-135; A61K031-55; A61K031-495

CC 63-6 (Pharmaceuticals)

Section cross-reference(s): 1

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9850044	A1	19981112	WO 98-US9253	19980506
	W:	AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, GW, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM			
	RW:	GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG			
	AU 9874728	A1	19981127	AU 98-74728	19980506
PRAI	US 97-45900		19970507		
	WO 98-US9253		19980506		
AB	The neuropathic pain alleviating effectiveness of an antidepressant is significantly potentiated by administering the antidepressant prior to, with or following the administration of a nontoxic NMDA receptor antagonist. A pharmaceutical capsule contained chlorimipramine hydrochloride 25, and dextromethorphan hydrobromide 30 mg.				
ST	pharmaceutical antidepressant NMDA receptor antagonist pain; capsule pharmaceutical chlorimipramine dextromethorphan pain				
IT	Analgesics Antipsychotics Anxiolytics Capsules (drug delivery systems) Intramuscular injections NMDA antagonists Narcotics Tablets (drug delivery systems) Tricyclic antidepressants (pharmaceutical compn. and method combining antidepressant with NMDA receptor antagonist, for treating neuropathic pain)				
IT	Antidepressants (tetracyclic; pharmaceutical compn. and method combining antidepressant with NMDA receptor antagonist, for treating neuropathic pain)				
IT	9001-66-5 RL: BSU (Biological study, unclassified); BIOL (Biological study) (inhibitors; pharmaceutical compn. and method combining antidepressant with NMDA receptor antagonist, for treating neuropathic pain)				
IT	50-33-9, Phenylbutazone, biological studies 50-78-2, Aspirin 53-86-1, Indomethacin 57-27-2, Morphine, biological studies 57-37-4, Benactyzine hydrochloride 57-53-4, Meprobamate 58-25-3, Chlordiazepoxide 58-28-6, Desipramine hydrochloride 58-39-9, Perphenazine 59-63-2, Isocarboxazid 61-68-7, Mefenamic acid 76-42-6, Oxycodone 76-57-3, Codeine 77-07-6, Levorphanol 103-90-2,				

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Acetaminophen 113-52-0, Imipramine hydrochloride 125-28-0,
 Dihydrocodeine 125-29-1, Hydrocodone 125-69-9, Dextromethorphan
 hydrobromide 125-71-3, Dextromethorphan 125-73-5, Dextrophan
 156-51-4, Phenelzine sulfate 303-49-1 521-78-8, Trimipramine maleate
 549-18-8, Amitriptyline hydrochloride 644-62-2, Meclofenamic acid
 768-94-5, Amantadine 894-71-3, Nortriptyline hydrochloride 1225-55-4,
 Protriptyline hydrochloride 1229-29-4, Doxepine hydrochloride
 3589-21-7, Trimipramine hydrochloride 5104-49-4, Flurbiprofen
 10075-24-8, Imipramine pamoate 10347-81-6, Maprotiline hydrochloride
 13492-01-8, Tranylcypromine sulfate 14028-44-5, Amoxapine 15307-86-5,
 Diclofenac 15687-27-1, Ibuprofen 17321-77-6, Clomipramine
 hydrochloride 19982-08-2, Memantine 21256-18-8, Oxaprozin
 22071-15-4, Ketoprofen 22204-53-1, Naproxen 22494-27-5, Flufenisal
 22494-42-4, Diflunisal 25332-39-2, Trazodone hydrochloride 26171-23-3,
 Tolmetin 27203-92-5, Tramadol 29679-58-1, Fenoprofen
 31677-93-7, Bupropion hydrochloride 33369-31-2,
 Zomepirac 36322-90-4, Piroxicam 36330-85-5, Fenbufen 38194-50-2,
 Sulindac 41340-25-4, Etodolac 42924-53-8, Nabumetone 52371-26-3D,
 isomers 52371-27-4 56296-78-7, Fluoxetine hydrochloride 59729-33-8,
 Citalopram 74103-06-3, Ketorolac 78246-49-8, Paroxetine hydrochloride
 79559-97-0, Sertraline hydrochloride

RL: BAC (Biological activity or effector, except adverse); THU

(Therapeutic use); BIOL (Biological study); USES (Uses)

(pharmaceutical compn. and method combining antidepressant with NMDA
 receptor antagonist, for treating neuropathic pain)

IT 50-67-9, Serotonin, biological studies

RL: BSU (Biological study, unclassified); BIOL (Biological study)

(uptake inhibitors; pharmaceutical compn. and method combining
 antidepressant with NMDA receptor antagonist, for treating neuropathic
 pain)

L36 ANSWER 12 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD

AN 98-583378 [49] WPIDS

DNC C98-174547

TI New controlled release composition - comprising polymer(s) e.g.
 ethylcellulose, hydroxyethyl cellulose, or hydroxypropyl methylcellulose
 having opposing wettability characteristics.

DC All A96 B05 B07

IN ODIDI, A; ODIDI, I

PA (ODID-I) ODIDI A; (ODID-I) ODIDI I

CYC 82

PI WO 9847491 A2 981029 (9849)* EN 24 pp A61K009-22

RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW NL
 OA PT SD SE SZ UG ZW

W: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GE
 GH GM GW HU ID IL IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG
 MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG
 US UZ VN YU ZW

CA 2216215 A 981005 (9911)

A61K047-38

AU 9868170 A 981113 (9913)

A61K009-22

ADT WO 9847491 A2 WO 98-CA274 980403; CA 2216215 A CA 97-2216215 971117; AU
 9868170 A AU 98-68170 980403

FDT AU 9868170 A Based on WO 9847491

PRAI US 97-36551 970421

IC ICM A61K009-22; A61K047-38

ICS A61K045-06; A61K047-32

AB WO 9847491 A UPAB: 981210

Controlled release composition comprises: (a) an active substance having a
 water contact angle (theta) such that the cos theta is between +0.9848
 and -0.9848; (b) an intelligent polymer component; and (c) a second
 intelligent polymer component having opposite wettability characteristics
 to the first polymer component, the ratio of the polymer components being
 1:100- 100:1.

USE - The composition is used for controlled drug delivery of both
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high dose, highly soluble hydrophilic and low dose, poorly soluble hydrophobic substances into the gastrointestinal tract. It provides sustained therapeutic effects for over 24 hours.

ADVANTAGE - The composition is not adversely affected by the presence of food and/or enzymes in the gastro-intestinal tract. It is easy and inexpensive to manufacture. Prior art controlled release compositions are affected by the presence of food and/ enzymes in the gastro-intestinal tract such that the active ingredient is not delivered in a consistent manner.

Dwg.0/0

FS CPI

FA AB; DCN

MC CPI: A12-V01; B04-A04; B04-B03A; B04-C02A1; B04-C02A2; B04-C03B; B05-A01B; B05-A03B; B05-B02C; B06-H; B07-H; B10-A15; B10-B04A; B10-C03; B12-M10; B12-M11B

L36 ANSWER 13 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD

AN 98-250453 [22] WPIDS

CR 91-179288 [25]; 94-324587 [40]; 96-187728 [19]

DNC C98-078030

TI Method of administering medicament, especially to central nervous system - which is metabolised into unwanted metabolites, with levels being increased by gastrointestinal tract absorption and subsequent portal vein entry to liver.

DC B02 B07

IN ELLINWOOD, E H; GUPTA, S K

PA (ELLI-I) ELLINWOOD E H; (GUPT-I) GUPTA S K

CYC 1

PI US 5739136 A 980414 (9822)* 17 pp A61K031-495

ADT US 5739136 A Cont of US 89-422992 891017, CIP of US 91-703049 910517, CIP of US 93-38911 930329, CIP of US 94-321246 941011, US 96-622829 960327

FDT US 5739136 A CIP of US 5198436, CIP of US 5354780, CIP of US 5504086

PRAI US 96-622829 960327; US 89-422992 891017; US 91-703049 910517; US 93-38911 930329; US 94-321246 941011

IC ICM A61K031-495

AB US 5739136 A UPAB: 980604

Method of administering a medicament, to the human body, including the central nervous system (CNS), comprises: (a) selecting a medicament that is metabolised into an unwanted or adverse metabolite, that is increased by gastrointestinal tract absorption and subsequent portal vein entry to the liver; (b) placing the medicament in an intraoral formulation; (c) intraorally administering the formulation so as to bypass the gastrointestinal tract absorption and subsequent portal vein entry to the liver, and thereby to decrease the formation of the unwanted metabolite; (d) increasing the ratio of medicament to unwanted metabolite made available to the body; and (e) using this method over a period of at least one dosage to achieve sustained high levels of the medicament relative to the unwanted metabolite.

ADVANTAGE - The method significantly reduces changes of the medicaments into unwanted metabolites, this reduces the incidence of side effects due to the unwanted metabolites, such as ataxic and incoordination effects. The method also maximises the effect on the body, including the CNS receptors, of the desired medicament (especially antianxiety, anticonvulsant and hypnotic agents), allowing for reduced doses of administration.

Dwg.0/12

FS CPI

FA AB; DCN

MC CPI: B06-D08; B10-B02B; B14-J01B1; B14-J01B4; B14-J07

L36 ANSWER 14 OF 93 MEDLINE

AN 1999094099 MEDLINE

DN 99094099

TI Buspirone use for smoking cessation.

KATHLEEN FULLER STIC LIBRARY 308-4290

AU Farid P; Abate M A
 CS School of Pharmacy, West Virginia University, Morgantown, USA.
 SO ANNALS OF PHARMACOTHERAPY, (1998 Dec) 32 (12) 1362-4. Ref: 12
 Journal code: BBX. ISSN: 1060-0280.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LA English
 FS Priority Journals
 EM 199905
 EW 19990503
 AB The results of buspirone efficacy have been inconsistent and contradictory. The rate of smoking abstinence has been reported to range from 36% to 88% and 16% to 89% in buspirone and placebo treatment groups, respectively. Only one controlled study reported buspirone efficacy in reducing nicotine withdrawal symptoms, although it was based on a small sample population and only 4 weeks of follow-up. The most recent studies have been unable to demonstrate the efficacy of buspirone in smoking cessation or in the relief of withdrawal symptoms. A placebo-controlled, randomized trial with a large number of patients, relatively high doses of buspirone (30-60 mg/d), strict abstinence criteria, long-term follow-up, and the inclusion of smokers with general anxiety or anxiety reported in previous quit attempts is needed to further evaluate buspirone efficacy in smoking cessation and the reduction of nicotine withdrawal symptoms. The treatment effects of buspirone could then be specifically tested as a function of alleviating the anxiety component of the smoking withdrawal syndrome. Finally, buspirone may prove to be an alternative in patients unsuccessful with or unable to tolerate transdermal nicotine therapy. How buspirone compares with **bupropion** therapy for smoking cessation is also unknown.

CT Check Tags: Female; Human; Male
 Adult
 *Anti-Anxiety Agents: TU, therapeutic use
 *Buspirone: TU, therapeutic use
 Clinical Trials
 Middle Age
 *Smoking Cessation

RN 36505-84-7 (Buspirone)
 CN 0 (Anti-Anxiety Agents)

L36 ANSWER 15 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 1998081967 EMBASE
 TI Sustained-release **bupropion** for smoking cessation [1]
 (multiple letters).

AU McAfee T.; France E.; Pasternak M.; Hurt R.D.; Sachs D.P.L.; Glover E.D.
 CS Dr. T. McAfee, Group Health Coop. of Puget Sound, Seattle, WA 98101,
 United States
 SO New England Journal of Medicine, (26 Feb 1998) 338/9 (619-620).
 ISSN: 0028-4793 CODEN: NEJMAG
 CY United States
 DT Journal; Letter
 FS 037 Drug Literature Index
 040 Drug Dependence, Alcohol Abuse and Alcoholism
 LA English
 CT Medical Descriptors:
 *smoking cessation
 *cigarette smoking
 *drug dependence: DM, disease management
 *drug dependence: DT, drug therapy
 risk assessment
 insomnia
 risk factor
 cost benefit analysis

patient compliance
human
letter

priority journal
Drug Descriptors:

*amfebutamone: DO, drug dose
*amfebutamone: DT, drug therapy
*amfebutamone: PE, pharmacoeconomics
*nicotine: TO, drug toxicity

RN (amfebutamone) 31677-93-7, 34911-55-2; (nicotine)
54-11-5

L36 ANSWER 16 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 3
AN 1998:477725 HCAPLUS
DN 129:239794

TI A multicenter evaluation of the efficacy and safety of 150 and 300 mg/day
sustained-release bupropion tablets versus placebo in depressed
outpatients

AU Reimherr, Frederick W.; Cunningham, Lynn A.; Batey, Sharyn R.; Johnston,
J. Andrew; Ascher, John A.
CS University of Utah Medical Center, Salt Lake City, UT, USA
SO Clin. Ther. (1998), 20(3), 505-516

CODEN: CLTHDG; ISSN: 0149-2918

PB Excerpta Medica
DT Journal

LA English

CC 1-11 (Pharmacology)

AB This multicenter, randomized, double-masked, placebo-controlled,
parallel-group study compared the antidepressant efficacy and safety of
bupropion sustained-release (SR) tablets (150 mg given once or
twice daily) with those of placebo in outpatients with moderate-to-severe
depression. Efficacy was measured by changes in scores on the 17-item
Hamilton Rating Scale for Depression (HAM-D) and the Clin. Global
Impressions for Severity of Illness (CGI-S) and Clin. Global Impressions
for Improvement of Illness (CGI-I) scales. By day 56, both
bupropion SR treatments were more effective in relieving the
symptoms of depression than was placebo. Compared with those receiving
placebo, patients in the bupropion SR 150- and 300-mg/day groups
had reduced symptoms by treatment day 56, as measured on the 17-item
HAM-D, CGI-S, and CGI-I scales. Bupropion SR was well
tolerated, with no serious adverse events reported; 95% of all reported
adverse events were of mild or moderate intensity. No clin. significant
changes in vital signs, lab. test results, or phys. findings were obsd. A
greater mean wt. loss was obsd. at the end of
treatment in both the bupropion-treated groups than in the
placebo-treated group. Overall, 150 mg bupropion SR
administered either once or twice daily was more effective than placebo in
treating depression, and once-daily administration appeared to be at least
as effective as twice-daily administration.
ST bupropion dosage antidepressant
IT Antidepressants

(bupropion dosage in relation to efficacy as)
IT 34911-55-2, Bupropion

RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or
effector, except adverse); THU (Therapeutic use); BIOL (Biological study);
USES (Uses)

(antidepressant activity in humans of different dosages of)

L36 ANSWER 17 OF 93 MEDLINE
AN 1999004815 MEDLINE
DN 99004815

DUPLICATE 4

TI Bupropion treatment in veterans with posttraumatic stress
disorder: an open study.

AU Canive J M; Clark R D; Calais L A; Qualls C; Tuason V B
KATHLEEN FULLER STIC LIBRARY 308-4290

CS VA Medical Center and the University of New Mexico Health Sciences Center,
Albuquerque, 87108, USA.. CANIVE JOSE M@Albuquerque.VA.GOV
SO JOURNAL OF CLINICAL PSYCHOPHARMACOLOGY, (1998 Oct) 18 (5) 379-83.
Journal code: HUD. ISSN: 0271-0749.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199904
EW 19990401
AB This study was designed to investigate the efficacy of the antidepressant
drug **bupropion** in the treatment of posttraumatic stress
disorder (PTSD). Seventeen male combat veterans with
chronic PTSD were treated with **bupropion** in an
open-label fashion for 6 weeks. Patients were evaluated with the Clinical
Global Impressions Scale for Improvement (CGI-I) at follow-up and rated
blindly at baseline and posttreatment with the Clinician Administered PTSD
Scale (CAPS), the Hamilton Rating Scale for Depression (HAM-D), and the
Hamilton Rating Scale for Anxiety. Three patients discontinued
bupropion prematurely because of side effects. Of the remaining 14
patients, 10 were classified as treatment responders by the CGI-I. HAM-D
scores decreased significantly from baseline to follow-up. The improvement
seen in hyperarousal symptoms was significant but was less significant
than the change in depressive symptoms. There was no significant change in
Intrusion, Avoidance, or total CAPS scores. It was concluded that
bupropion was well tolerated. Patients who had experienced sexual
dysfunction with selective serotonin reuptake inhibitors reported no
complaints during **bupropion** treatment. **Bupropion**
decreased depressive symptoms and most patients reported global
improvement, although PTSD symptoms remained mostly unchanged. Controlled
trials should further clarify the role of **bupropion** in the
treatment of PTSD.
CT Check Tags: Human; Male
Aged
*Antidepressive Agents, Second-Generation: AD, administration & dosage
Antidepressive Agents, Second-Generation: AE, adverse effects
***Bupropion**: AD, administration & dosage
Bupropion: AE, adverse effects
Chronic Disease
Combat Disorders: DI, diagnosis
***Combat Disorders**: DT, drug therapy
Combat Disorders: PX, psychology
Follow-Up Studies
Middle Age
Personality Inventory: SN, statistics & numerical data
Psychometrics
*Veterans: PX, psychology
RN 34841-39-9 (**Bupropion**)
CN 0 (Antidepressive Agents, Second-Generation)

L36 ANSWER 18 OF 93 MEDLINE
AN 1998318934 MEDLINE
DN 98318934
TI Smoking cessation: Part 2--Pharmacologic approaches.
AU Wongwiwatthananut S; Jack H M; Popovich N G
CS Department of Pharmacy, Faculty of Pharmaceutical Sciences, Chulalongkorn
University, Bangkok, Thailand.
SO JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, (1998 May-Jun) 38 (3)
339-53. Ref: 53
Journal code: CIL. ISSN: 1086-5802.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)

LA English
EM 199810
EW 19981001
AB OBJECTIVE: To present the concept of nicotine-replacement therapy (NRT) and the pharmacologic approaches, nonprescription and prescription, to smoking cessation. DATA SOURCES: Current clinical literature. DATA SYNTHESIS: NRT can be delivered through a number of different nicotine-containing dosage forms (e.g., gum, patch, nasal spray, oral inhaler). The Agency for Health Care Policy and Research (AHCPR) recommends using the nicotine patches for routine clinical practice and the American Psychiatric Association (APA) recommends the use of the patches and gum as initial pharmacotherapies for smoking cessation. There are no comparative studies indicating the superiority of one form or another at relieving nicotine withdrawal symptoms. Of the other pharmacologic agents used for smoking cessation, **bupropion** hydrochloride demonstrates the most promise. CONCLUSION: The pharmacist can assist the consumer with the selection of an OTC smoking cessation product and serve as an informational resource to consumers and physicians desiring information on prescription drug products for smoking cessation.

CT Check Tags: Human
 Bupropion: TU, therapeutic use
 Clonidine: TU, therapeutic use
 Drug Interactions
 Nicotine: AD, administration & dosage
 Nicotine: AE, adverse effects
 Nicotine: PK, pharmacokinetics
 Pharmacists
 ***Smoking Cessation**

RN 34841-39-9 (**Bupropion**); 4205-90-7 (Clonidine); 54-11-5 (Nicotine)

L36 ANSWER 19 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1998090527 EMBASE
TI Continuing education quiz.
SO Hospital Pharmacy, (1998) 33/2 (226-227).
ISSN: 0018-5787 CODEN: HOPHAZ
CY United States
DT Journal; Note
FS 017 Public Health, Social Medicine and Epidemiology
 037 Drug Literature Index
 039 Pharmacy

LA English
CT Medical Descriptors:
 ***seizure: DT, drug therapy**
 smoking cessation
 continuing education
 patient counseling
 drug marketing
 note
 Drug Descriptors:
 ***amfebutamone: DT, drug therapy**
 ***amfebutamone: PD, pharmacology**
 ***valproic acid: DT, drug therapy**
 ***valproic acid: PD, pharmacology**

RN (amfebutamone) 31677-93-7, 34911-55-2; (valproic acid) 1069-66-5, 99-66-1

L36 ANSWER 20 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1998268484 EMBASE
TI Hepatitis C and depression.
AU Yates W.R.; Gleason O.
CS Dr. W.R. Yates, Department of Psychiatry, 2808 South Sheridan Road, Tulsa, OK 74129, United States. william-yates@ouhsc.edu
SO Depression and Anxiety, (1998) 7/4 (188-193).

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Refs: 23
 ISSN: 1091-4269 CODEN: DEANF5
 CY United States
 DT Journal; Article
 FS 017 Public Health, Social Medicine and Epidemiology
 032 Psychiatry
 037 Drug Literature Index
 038 Adverse Reactions Titles
 048 Gastroenterology
 LA English
 SL English
 AB Although the incidence of hepatitis C virus (HCV) is declining, a large reservoir of patients with **chronic** hepatitis C exists. Unless effective HCV antiviral regimens are developed, many patients with asymptomatic HCV will develop clinical symptoms in the next 15 to 20 years. Mood **disorders** are common in patients with HCV referred for psychiatric consultation. Interferon is the primary treatment for **chronic** hepatitis C but can induce depression and other mental and neuropsychiatric syndromes. Mood **disorders** associated with hepatitis C may respond to psychiatric intervention. Psychiatrists need to be aware of the clinical issues in the diagnosis and treatment of depression complicating **chronic** hepatitis C.
 CT Medical Descriptors:
 *hepatitis c: DI, diagnosis
 ***hepatitis c: DT, drug therapy**
 *hepatitis c: EP, epidemiology
 *depression: CO, complication
 *depression: DI, diagnosis
 ***depression: DT, drug therapy**
 *depression: SI, side effect
 chronic hepatitis: DI, diagnosis
chronic hepatitis: DT, drug therapy
 chronic hepatitis: EP, epidemiology
 virus hepatitis: DI, diagnosis
virus hepatitis: DT, drug therapy
 virus hepatitis: EP, epidemiology
 mental disease: CO, complication
 mental disease: DI, diagnosis
mental disease: DT, drug therapy
 mental disease: SI, side effect
 drug induced disease: CO, complication
 drug induced disease: DI, diagnosis
drug induced disease: DT, drug therapy
 drug induced disease: SI, side effect
 psychiatric diagnosis
 prevalence
 practice guideline
 delirium: SI, side effect
 human
 major clinical study
 article
 priority journal
 Drug Descriptors:
 *interferon: AE, adverse drug reaction
 ***interferon: DT, drug therapy**
 *antidepressant agent: AE, adverse drug reaction
 *antidepressant agent: DO, drug dose
 *antidepressant agent: IT, drug interaction
 ***antidepressant agent: DT, drug therapy**
 *antidepressant agent: PK, pharmacokinetics
 *tricyclic antidepressant agent: AE, adverse drug reaction
 *tricyclic antidepressant agent: DO, drug dose
 *tricyclic antidepressant agent: IT, drug interaction
 ***tricyclic antidepressant agent: DT, drug therapy**

*tricyclic antidepressant agent: PK, pharmacokinetics
 *serotonin uptake inhibitor: DO, drug dose
 *serotonin uptake inhibitor: DT, drug therapy
 *serotonin uptake inhibitor: PK, pharmacokinetics
 *amfebutamone: DO, drug dose
 *amfebutamone: DT, drug therapy
 *amfebutamone: PK, pharmacokinetics
 *venlafaxine: DO, drug dose
 *venlafaxine: DT, drug therapy
 *venlafaxine: PK, pharmacokinetics
 benzodiazepine: IT, drug interaction
 alcohol: IT, drug interaction
 RN (amfebutamone) 31677-93-7, 34911-55-2; (venlafaxine)
 93413-69-5; (benzodiazepine) 12794-10-4; (alcohol) 64-17-5

 L36 ANSWER 21 OF 93 MEDLINE
 AN 1998219543 MEDLINE
 DN 98219543
 TI Utilization of nicotine nasal spray in smoking cessation.
 AU Montalto N J; Garrett S D
 CS Robert C Byrd Health Sciences Center of West Virginia University,
 Charleston 25301, USA.
 SO JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION, (1998 Mar) 98 (3) 160-4.
 Journal code: G90. ISSN: 0098-6151.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 EM 199807
 EW 19980703
 AB It is widely accepted that nicotine replacement therapy can help patients
 to quit smoking. Recent approval by the US Food and Drug Administration of
 a nicotine nasal spray gives clinicians greater flexibility in choosing
 the best replacement therapy for a particular patient. Four types of
 smoking cessation therapy are currently available (gum, patch, nasal
 spray, and bupropion). These differ with respect to their onset
 and duration of action, adverse effects, and cost. This article focuses on
 which patients may benefit most from the use of nicotine nasal spray.
 Instructions for proper administration and dosing of the nicotine nasal
 spray are discussed as well as how to taper it appropriately, and how to
 avoid--and manage--adverse effects. Additionally, the cost of the nicotine
 nasal spray is reviewed and compared with over-the-counter products and
 bupropion. Resources for behavioral support are provided as well.
 CT Check Tags: Case Report; Female; Human; Male
 Administration, Inhalation
 Aerosols
 *Nicotine: AD, administration & dosage
 *Smoking Cessation: MT, methods
 RN 54-11-5 (Nicotine)
 CN 0 (Aerosols)

 L36 ANSWER 22 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 1999010048 EMBASE
 TI Breaking the nicotine habit.
 AU Setness P.A.; Hoel D.
 SO Postgraduate Medicine, (1998) 104/6 (155-156).
 ISSN: 0032-5481 CODEN: POMDAS
 CY United States
 DT Journal; (Short Survey)
 FS 006 Internal Medicine
 015 Chest Diseases, Thoracic Surgery and Tuberculosis
 017 Public Health, Social Medicine and Epidemiology
 037 Drug Literature Index
 040 Drug Dependence, Alcohol Abuse and Alcoholism
 LA English

SL English

AB **Nicotine** is a powerful addictive drug. When you take a puff on a cigarette, your brain quickly gets the message that it wants more of the chemicals you're feeding it. That's why quitting **smoking** is just as hard, sometimes harder, than getting off drugs like cocaine or heroin. However, several new medications and devices have come along that can help you quit.

CT Medical Descriptors:

- ***smoking cessation**
- drug dependence: DT, drug therapy
- drug dependence: PC, prevention
- drug dependence: TH, therapy
- transdermal patch
- nebulization
- metered dose inhaler
- medical specialist
- treatment planning
- health care
- health service
- transdermal drug administration
- intranasal drug administration
- inhalational drug administration
- short survey

Drug Descriptors:

- ***amfebutamone**: DT, drug therapy
- ***nicotine gum**: DT, drug therapy

RN (amfebutamone) 31677-93-7, 34911-55-2; (nicotine gum) 96055-45-7

CN **Zyban**

L36 ANSWER 23 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 1998089448 EMBASE

TI Strategies in preserving lung health and preventing COPD and associated diseases: The National Lung Health Education Program (NLHEP).

AU Bailey W.C.; Ferguson G.T.; Higgins M.; Hudson L.D.; Miller R.D.; Masferrer R.; Nair S.; Rennard S.I.; Petty T.L.; Shure D.; Hindi-Alexander M.; Weinmann G.; Hurd S.S.

SO Chest, (1998) 113/2 SUPPL. (123S-163S).

Refs: 156

ISSN: 0012-3692 CODEN: CHETBF

CY United States

DT Journal; General Review

FS 006 Internal Medicine

015 Chest Diseases, Thoracic Surgery and Tuberculosis

017 Public Health, Social Medicine and Epidemiology

036 Health Policy, Economics and Management

037 Drug Literature Index

LA English

CT Medical Descriptors:

- *chronic obstructive lung disease: DI, diagnosis
- ***chronic obstructive lung disease**: DT, drug therapy
- *chronic obstructive lung disease: EP, epidemiology
- *chronic obstructive lung disease: ET, etiology
- *chronic obstructive lung disease: PC, prevention
- *chronic obstructive lung disease: RH, rehabilitation
- *chronic obstructive lung disease: TH, therapy
- *asthma: DI, diagnosis
- ***asthma**: DT, drug therapy
- *asthma: EP, epidemiology
- *asthma: ET, etiology
- *asthma: PC, prevention
- *asthma: RH, rehabilitation
- *asthma: TH, therapy
- *chronic bronchitis: DI, diagnosis

*chronic bronchitis: DT, drug therapy
 *chronic bronchitis: EP, epidemiology
 *chronic bronchitis: ET, etiology
 *chronic bronchitis: PC, prevention
 *chronic bronchitis: RH, rehabilitation
 *chronic bronchitis: TH, therapy
 *lung emphysema: DI, diagnosis
 *lung emphysema: DT, drug therapy
 *lung emphysema: ET, etiology
 *lung emphysema: PC, prevention
 *lung emphysema: RH, rehabilitation
 *lung emphysema: TH, therapy
 health program
 health care policy
 treatment planning
 primary prevention
 primary medical care
 clinical feature
 risk factor
 pathophysiology
 mortality
 morbidity
 socioeconomic
 cigarette smoking
 early diagnosis
 spirometry
 thorax radiography
 patient education
 smoking cessation
 drug choice
 oxygen therapy
 human
 oral drug administration
 transdermal drug administration
 intranasal drug administration
 inhalational drug administration
 review
 priority journal
 Drug Descriptors:
 *cholinergic receptor blocking agent: DT, drug therapy
 *bronchodilating agent: DT, drug therapy
 *nicotine gum
 *amfebutamone
 *corticosteroid: DT, drug therapy
 *mucolytic agent: DT, drug therapy
 theophylline: DO, drug dose
 theophylline: DT, drug therapy
 prednisone: DO, drug dose
 prednisone: DT, drug therapy
 atropine: DT, drug therapy
 ipratropium bromide: DT, drug therapy
 guaifenesin: DT, drug therapy
 antibiotic agent: DT, drug therapy
 acetylcysteine: DT, drug therapy
 proteinase inhibitor: DT, drug therapy
 antioxidant: DT, drug therapy
 (nicotine gum) 96055-45-7; (amfebutamone) 31677-93-7,
 34911-55-2; (theophylline) 58-55-9, 5967-84-0, 8055-07-0,
 8061-56-1, 99007-19-9; (prednisone) 53-03-2; (atropine) 51-55-8, 55-48-1;
 (ipratropium bromide) 22254-24-6; (guaifenesin) 93-14-1; (acetylcysteine)
 616-91-1; (proteinase inhibitor) 37205-61-1

RN
 L36 ANSWER 24 OF 93 MEDLINE
 AN 1998148289 MEDLINE

DUPLICATE 5

KATHLEEN FULLER STIC LIBRARY 308-4290

DN 98148289
 TI **Bupropion** for smoking cessation.
 AU Jackson E A
 CS University of Connecticut School of Medicine, Hartford, USA..
 ejackson2@stfranciscare.org
 SO JOURNAL OF FAMILY PRACTICE, (1998 Feb) 46 (2) 111-2.
 Journal code: I4L. ISSN: 0094-3509.
 CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 199805
 EW 19980503
 CT Check Tags: Human
 Adult
 *Antidepressive Agents, Second-Generation: AD, administration & dosage
 ***Bupropion**: AD, administration & dosage
 Delayed-Action Preparations
 Double-Blind Method
 Middle Age
 Randomized Controlled Trials
 Reproducibility of Results
 *Smoking Cessation: MT, methods
 *Tobacco Use Disorder: DT, drug therapy
 Treatment Outcome
 RN 34841-39-9 (**Bupropion**)
 CN 0 (Antidepressive Agents, Second-Generation); 0 (Delayed-Action Preparations)

L36 ANSWER 25 OF 93 MEDLINE DUPLICATE 6
 AN 1998276784 MEDLINE
 DN 98276784
 TI Reversal of atypical depression, sleepiness, and REM-sleep propensity in **narcolepsy** with **bupropion**.
 AU Rye D B; Dihenia B; Bliwise D L
 CS Department of Neurology, Emory University School of Medicine, Emory Sleep Disorders Center, Wesley Woods Hospital, Atlanta, Georgia, USA.
 NC AG-10643 (NIA)
 NS-35345 (NINDS)
 SO DEPRESSION AND ANXIETY, (1998) 7 (2) 92-5.
 Journal code: CSP. ISSN: 1091-4269.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 199810
 EW 19981002
 AB We successfully treated a 46-year-old **narcoleptic** woman suffering from atypical depression with **bupropion** hydrochloride. Diagnostic evaluation revealed a Beck Depression Inventory (BDI) score of 24, a short nocturnal REM-sleep latency, subjective and objective sleepiness (mean sleep latency (MSL) = 1.8 minutes), and three sleep onset REM-sleep periods during the five nap multiple sleep latency test. **Bupropion** (100 mg t.i.d.) normalized her mood (BDI = 6), sleepiness (MSL = 9.1 minutes), and REM-sleep propensity. Upon discontinuation of **bupropion**, these parameters reverted to pretreatment levels. This "activating" antidepressant's reversal of the sleepiness and REM-sleep propensity in **narcolepsy** may be due to blockade of dopamine or norepinephrine reuptake. Clinicians need to be alert to the fact that depression can mask the diagnosis of **narcolepsy**. **Bupropion** warrants further investigation as a treatment for **narcolepsy** in an open-label, double-blind, placebo-controlled paradigm.

CT Check Tags: Case Report; Female; Human; Support, U.S. Gov't, P.H.S.
 *Antidepressive Agents, Second-Generation: TU, therapeutic use
 *Bupropion: TU, therapeutic use
 Depressive Disorder: DI, diagnosis
 *Depressive Disorder: DT, drug therapy
 Depressive Disorder: PX, psychology
 Dopamine: ME, metabolism
 Middle Age
 Narcolepsy: DI, diagnosis
 *Narcolepsy: DT, drug therapy
 Narcolepsy: PX, psychology
 Sleep Disorders: DI, diagnosis
 *Sleep Disorders: DT, drug therapy
 Sleep Disorders: PX, psychology
 *Sleep, REM: DE, drug effects
 RN 34841-39-9 (Bupropion); 51-61-6 (Dopamine)
 CN 0 (Antidepressive Agents, Second-Generation)

L36 ANSWER 26 OF 93 MEDLINE DUPLICATE 7
 AN 1998212987 MEDLINE
 DN 98212987
 TI Diagnosis and treatment of depression in late life.
 AU Zisook S; Downs N S
 CS Department of Psychiatry, University of California, San Diego, La Jolla
 92093-0603, USA.
 SO JOURNAL OF CLINICAL PSYCHIATRY, (1998) 59 Suppl 4 80-91.
 Journal code: HIC. ISSN: 0160-6689.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 199806
 EW 19980604
 AB Major depression and dysthymia are common and often disabling disorders in late life. Several features of late-life depression, such as its frequent association with general medical conditions, polypharmacy, cognitive disturbances, and adverse life events, make accurate diagnosis a substantial clinical challenge. Yet, prompt diagnosis is an important component of implementing appropriate treatment strategies. An ideal treatment program integrates patient and family education, focused psychotherapy, and pharmacotherapy. Because of pharmacokinetic and pharmacodynamic changes associated with aging, lower doses of medication and more gradual dose increases than are required in younger adults are needed in the treatment of elderly depressed patients. In addition, medications should be selected that have minimal antihistaminic, anticholinergic, and antiadrenergic effects, minimal cardiovascular risk, and minimal drug-drug interactions. Since depression in late life tends to be at least as chronic and/or recurrent as depression earlier in life, treatment for acute depressive episodes should last at least 6-8 months, and long-term maintenance treatment should be considered in selected individuals.

CT Check Tags: Human
 Adult
 Age Factors
 Aged
 Antidepressive Agents: TU, therapeutic use
 Bupropion: TU, therapeutic use
 Cognition Disorders: DI, diagnosis
 Cognition Disorders: DT, drug therapy
 Cognition Disorders: EP, epidemiology
 Combined Modality Therapy
 Comorbidity
 *Depressive Disorder: DI, diagnosis
 Depressive Disorder: EP, epidemiology

*Depressive Disorder: TH, therapy
 Drug Administration Schedule
 Dysthymic Disorder: DI, diagnosis
 Dysthymic Disorder: EP, epidemiology
 Dysthymic Disorder: TH, therapy
 Electroconvulsive Therapy
 Family
 Health Education
 Life Change Events
 Middle Age
 Patient Education
 Prevalence
 Psychiatric Status Rating Scales
 Psychotherapy
 Severity of Illness Index

RN 34841-39-9 (Bupropion)

CN 0 (Antidepressive Agents)

L36 ANSWER 27 OF 93 MEDLINE

AN 1999078250 MEDLINE

DN 99078250

TI Drug therapy to aid in smoking cessation. Tips on maximizing patients' chances for success.

AU Dale L C; Hurt R D; Hays J T

CS Nicotine Dependence Center, Mayo Clinic, Rochester, MN 55905, USA.

SO POSTGRADUATE MEDICINE, (1998 Dec) 104 (6) 75-8, 83-4. Ref: 11

Journal code: PFK. ISSN: 0032-5481.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)

(REVIEW, TUTORIAL)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199903

EW 19990305

AB The arsenal of pharmacologic agents available for smoking cessation has expanded in the last few years, and it is likely to continue to do so. It is important that practicing physicians keep abreast of new methods as they become available and encourage patients who smoke to undertake cessation measures. Nicotine-replacement therapy is available in gum, patch, nasal spray, or inhaler form, and **bupropion** therapy aids in smoking cessation through dopaminergic activity. The foundation of effective intervention is likely to remain unchanged: an individualized plan addressing behavioral, addictive, pharmacologic, and relapse-prevention components. In addition to the necessary information about treatment choices, physicians should offer motivation, support, and follow-up to their patients who wish to quit smoking.

CT Check Tags: Human

Administration, Cutaneous

Administration, Inhalation

Administration, Intranasal

Bupropion: AD, administration & dosage

Dopamine Uptake Inhibitors: AD, administration & dosage

Nicotine: AD, administration & dosage

***Smoking Cessation: MT, methods**

RN 34841-39-9 (Bupropion); 54-11-5 (Nicotine)

CN 0 (Dopamine Uptake Inhibitors)

L36 ANSWER 28 OF 93 HCAPLUS COPYRIGHT 1999 ACS

DUPLICATE 8

AN 1998:260927 HCAPLUS

DN 128:303546

TI **Bupropion** sustained release and smoking cessation

AU Goldstein, Michael G.

CS Miriam Hospital, Department of Psychiatry and Human Behavior, School of
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Medicine, Brown University, Providence, RI, USA
 SO J. Clin. Psychiatry (1998), 59(Suppl. 4), 66-72
 CODEN: JCLPDE; ISSN: 0160-6689
 PB Physicians Postgraduate Press
 DT Journal; General Review
 LA English
 CC 1-0 (Pharmacology)
 AB A review with 40 refs. The identification of **nicotine dependence** as a psychiatric disorder and increased knowledge of nicotine's neuropharmacol. effects have stimulated researchers to search for new pharmacol. interventions for **smoking** cessation. After reviewing the efficacy and safety of **bupropion** sustained release (SR) as an agent for treating **smoking** cessation, the Food and Drug Administration recently approved the use of **bupropion** SR for this indication. This paper reviews nicotine's pharmacol. effects and the factors contributing to the development of **nicotine dependence**, the general principles and strategies for treating **nicotine dependence**, and the evidence for the efficacy of **bupropion** SR as a treatment for **smoking** cessation. The release of **bupropion** SR as a treatment for **smoking** cessation may provide clinicians with addnl. opportunities to address **smoking** cessation with their patients.
 ST review **bupropion nicotine dependence**
 smoking cessation
 IT Drug dependence
 (bupropion sustained release for **smoking** cessation in humans)
 IT Behavior (animal)
 (smoking; bupropion sustained release for **smoking** cessation in humans)
 IT 54-11-5, Nicotine
 RL: ADV (Adverse effect, including toxicity); BIOL (Biological study)
 (bupropion sustained release for **smoking** cessation in humans)
 IT 34911-55-2, Bupropion
 RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
 (bupropion sustained release for **smoking** cessation in humans)

L36 ANSWER 29 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 1998329516 EMBASE
 TI Tobacco/nicotene dependence and cessation therapies.
 AU Davis W.M.
 CS Dr. W.M. Davis, Department of Pharmacology, Res. Inst. of Pharmaceutical Sci., University of Mississippi, University, MS, United States
 SO Drug Topics, (7 Sep 1998) 142/17 (60-69).
 ISSN: 0012-6616 CODEN: DGTNA7
 CY United States
 DT Journal; General Review
 FS 037 Drug Literature Index
 039 Pharmacy
 040 Drug Dependence, Alcohol Abuse and Alcoholism
 LA English
 CT Medical Descriptors:
 ***smoking cessation**
 health hazard
 patient education
 carcinogenesis
 coronary artery disease
 mutation
 stroke
 passive smoking

human
oral drug administration
transdermal drug administration
intranasal drug administration
review
Drug Descriptors:
*tobacco
*nicotine: DT, drug therapy
*nicotine: PR, pharmaceuticals
*amfebutamone: DT, drug therapy
nicotine gum
RN (nicotine) 54-11-5; (amfebutamone) 31677-93-7,
34911-55-2; (nicotine gum) 96055-45-7
CN Nicotine polacrilex

L36 ANSWER 30 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 1999078184 EMBASE
TI Smoking cessation.
AU Perrier H.
CS H. Perrier, Rexall Pharmacy, Gloucester, Ont., Canada
SO Canadian Pharmaceutical Journal, (1998) 131/10 (19).
ISSN: 0828-6914 CODEN: CPJOAC
CY Canada
DT Journal; (Short Survey)
FS 017 Public Health, Social Medicine and Epidemiology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LA English
CT Medical Descriptors:
*smoking cessation
*cigarette smoking
drug dependence: DT, drug therapy
drug dependence: TH, therapy
drug delivery system
drug induced disease: SI, side effect
headache: SI, side effect
nausea: SI, side effect
vertigo: SI, side effect
rash: SI, side effect
sleep disorder: SI, side effect
herbal medicine
acupuncture
hypnosis
human
oral drug administration
transdermal drug administration
short survey
Drug Descriptors:
*nicotine gum: AE, adverse drug reaction
*nicotine gum: AD, drug administration
*nicotine gum: CB, drug combination
*nicotine gum: DT, drug therapy
*nicotine: AE, adverse drug reaction
*nicotine: AD, drug administration
*nicotine: CB, drug combination
*nicotine: DT, drug therapy
*amfebutamone: AE, adverse drug reaction
*amfebutamone: CB, drug combination
*amfebutamone: DT, drug therapy
RN (nicotine gum) 96055-45-7; (nicotine) 54-11-5; (amfebutamone)
31677-93-7, 34911-55-2
CN Zyban; Nicorette; Nicotrol

L36 ANSWER 31 OF 93 MEDLINE
AN 1998171373 MEDLINE
DN 98171373
TI Antidepressant drug helps smoking cessation.
AU Anonymous
SO HARVARD HEART LETTER, (1998 Feb) 8 (6) 7-8.
Journal code: C2Z. ISSN: 1051-5313.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS K
EM 199805
EW 19980503
CT Check Tags: Human
*Antidepressive Agents, Second-Generation: TU, therapeutic use
*Bupropion: TU, therapeutic use
*Smoking Cessation: MT, methods
Weight Gain: DE, drug effects
RN 34841-39-9 (Bupropion)
CN 0 (Antidepressive Agents, Second-Generation)

L36 ANSWER 32 OF 93 MEDLINE
AN 97465745 MEDLINE
DN 97465745
TI Treating tobacco addiction--nicotine or no
nicotine? [editorial; comment].
CM Comment on: N Engl J Med 1997 Oct 23;337(17):1195-202
AU Benowitz N L
SO NEW ENGLAND JOURNAL OF MEDICINE, (1997 Oct 23) 337 (17) 1230-1.
Journal code: NOW. ISSN: 0028-4793.
CY United States
DT Commentary
Editorial
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 199712
EW 19971204
CT Check Tags: Human
*Antidepressive Agents: TU, therapeutic use
*Bupropion: TU, therapeutic use
*Nicotine: TU, therapeutic use
Nortriptyline: TU, therapeutic use
*Smoking Cessation: MT, methods
Substance Withdrawal Syndrome: DT, drug therapy
Tobacco Use Disorder: DT, drug therapy
RN 34841-39-9 (Bupropion); 54-11-5 (Nicotine); 72-69-5
(Nortriptyline)
CN 0 (Antidepressive Agents)

L36 ANSWER 33 OF 93 MEDLINE
AN 97360971 MEDLINE
DN 97360971
TI Two products join ranks of smoking cessation treatments [news].
AU Anonymous
SO AMERICAN JOURNAL OF HEALTH-SYSTEM PHARMACY, (1997 Jul 1) 54 (13) 1478.
Journal code: CBH. ISSN: 1079-2082.
CY United States
DT News Announcement
LA English
FS Priority Journals
EM 199711
EW 19971104
CT Check Tags: Human

Administration, Inhalation

Bupropion: AD, administration & dosage

***Bupropion: TU, therapeutic use**

Cholinergic Agents: AD, administration & dosage

***Cholinergic Agents: TU, therapeutic use**

Neurotransmitter Uptake Inhibitors: AD, administration & dosage

***Neurotransmitter Uptake Inhibitors: TU, therapeutic use**

Nicotine: AD, administration & dosage

***Nicotine: TU, therapeutic use**

***Smoking Cessation**

RN **34841-39-9 (Bupropion); 54-11-5 (Nicotine)**

CN 0 (Cholinergic Agents); 0 (Neurotransmitter Uptake Inhibitors)

L36 ANSWER 34 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 1998005065 EMBASE

TI Tobacco addiction: Implications for treatment and cancer prevention.

AU Cinciripini P.M.; Hecht S.S.; Henningfield J.E.; Manley M.W.; Kramer B.S.

CS Dr. P.M. Cinciripini, Department of Behavioral Science, U. T. M. D. Anderson Cancer Center, Box 243, 1515 Holcombe Blvd., Houston, TX 77302, United States. pcinciri@notes.mdacc.tmc.edu

SO Journal of the National Cancer Institute, (1997) 89/24 (1852-1867).

Refs: 160

ISSN: 0027-8874 CODEN: JNCIAM

CY United Kingdom

DT Journal; General Review

FS 015 Chest Diseases, Thoracic Surgery and Tuberculosis

016 Cancer

017 Public Health, Social Medicine and Epidemiology

037 Drug Literature Index

040 Drug Dependence, Alcohol Abuse and Alcoholism

LA English

SL English

AB The American Society of Clinical Oncology and the National Cancer Institute convened a symposium in June 1996 on tobacco addiction. Additional support for the symposium was provided by the American Medical Women's Association and the American Society of Preventive Oncology. The goals of this conference were to describe the burden and public health consequences of tobacco addiction, to describe the state of science for the treatment of **nicotine dependence**, and to explore new strategies to increase quit rates and to prevent the uptake of tobacco use. This article summarizes and integrates the meeting presentations on tobacco addiction and includes the topics of **smoking prevalence**; psychobiologic aspects of **nicotine dependence**; and implications for disease, treatment, and prevention. Comments on regulatory approaches and national strategies for reducing dependence are also summarized in presentations by Dr. David Kessler, former Food and Drug Administration Commissioner, and Dr. C. Everett Koop, former U.S. Surgeon General.

CT Medical Descriptors:

***addiction: DT, drug therapy**

***smoking**

***lung cancer: EP, epidemiology**

***lung cancer: PC, prevention**

medical society

prevalence

smoking cessation

mortality

cancer prevention

chemoprophylaxis

cancer risk

cancer epidemiology

self help

policy

food and drug administration

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human
review
Drug Descriptors:
*phenethyl isothiocyanate: DV, drug development
*nicotine gum: DT, drug therapy
*amfebutamone: DT, drug therapy
*tobacco
*smokeless tobacco
carcinogen
psychotropic agent: DT, drug therapy
antidepressant agent: DT, drug therapy
dopamine uptake inhibitor: DT, drug therapy
RN (phenethyl isothiocyanate) 2257-09-2; (nicotine gum) 96055-45-7;
(amfebutamone) 31677-93-7, 34911-55-2; (smokeless
tobacco) 64706-31-6
CN (1) Zyban
CO (1) Glaxo

L36 ANSWER 35 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97207623 EMBASE
DN 1997207623
TI Two products join ranks of **smoking** cessation treatments.
SO American Journal of Health-System Pharmacy, (1997) 54/13 (1478).
ISSN: 1079-2082 CODEN: AHSPEK
CY United States
DT Journal; Note
FS 006 Internal Medicine
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LA English
CT Medical Descriptors:
***smoking cessation**
cigarette smoking
clinical trial
controlled study
coughing: SI, side effect
drug approval
drug formulation
food and drug administration
human
inhalational drug administration
insomnia: SI, side effect
note
patient counseling
priority journal
treatment outcome
xerostomia: SI, side effect
Drug Descriptors:
*amfebutamone: DO, drug dose
*amfebutamone: AD, drug administration
*amfebutamone: PD, pharmacology
*amfebutamone: PK, pharmacokinetics
*amfebutamone: PR, pharmaceutics
*amfebutamone: DT, drug therapy
*amfebutamone: AE, adverse drug reaction
*amfebutamone: CT, clinical trial
*nicotine: AD, drug administration
*nicotine: AE, adverse drug reaction
*nicotine: PK, pharmacokinetics
*nicotine: PR, pharmaceutics
*nicotine: DT, drug therapy
*nicotine: DO, drug dose

placebo
wellbutrin sr
unclassified drug
RN (amfebutamone) 31677-93-7, 34911-55-2; (nicotine)
54-11-5
CN (1) Zyban; (2) Zyban; (3) Nicotrol; Wellbutrin
sr
CO (1) Glaxo; (2) Burroughs wellcome; (3) Mcneil

L36 ANSWER 36 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97326956 EMBASE
DN 1997326956
TI Treating tobacco addiction - Nicotine or no
nicotine?.
AU Benowitz N.L.
CS Dr. N.L. Benowitz, University of California, San Francisco, CA 94143-1220,
United States
SO New England Journal of Medicine, (1997) 337/17 (1230-1231).
Refs: 17
ISSN: 0028-4793 CODEN: NEJMAG
CY United States
DT Journal; Editorial
FS 006 Internal Medicine
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
CT Medical Descriptors:
*cigarette smoking
*smoking cessation
addiction: DT, drug therapy
clinical trial
drug efficacy
drug mechanism
drug safety
editorial
human
hypertension: SI, side effect
priority journal
seizure: SI, side effect
Drug Descriptors:
*amfebutamone: AE, adverse drug reaction
*amfebutamone: CT, clinical trial
*amfebutamone: DO, drug dose
*amfebutamone: DT, drug therapy
*amfebutamone: PD, pharmacology
nicotine: DT, drug therapy
nicotine: PD, pharmacology
nortriptyline: CT, clinical trial
nortriptyline: DT, drug therapy
nortriptyline: PD, pharmacology
RN (amfebutamone) 31677-93-7, 34911-55-2; (nicotine)
54-11-5; (nortriptyline) 72-69-5, 894-71-3

L36 ANSWER 37 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 9
AN 1997:702929 HCAPLUS
DN 128:10227
TI A comparison of sustained-release bupropion and placebo for
smoking cessation
AU Hurt, Richard D.; Sachs, David P. L.; Glover, Elbert D.; Offord, Kenneth
P.; Johnston, J. Andrew; Dale, Lowell C.; Khayrallah, Moise A.; Schroeder,
Darrell R.; Glover, Penny N.; Sullivan, C. Rollynn; Croghan, Ivana T.;
Sullivan, Pamela M.
CS Nicotine Res. Cent., Mayo Clinic Mayo Foundation, Rochester, MN, USA
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SO N. Engl. J. Med. (1997), 337(17), 1195-1202
CODEN: NEJMAG; ISSN: 0028-4793

PB Massachusetts Medical Society
DT Journal
LA English
CC 1-11 (Pharmacology)

AB Background and Methods: Trials of antidepressant medications for smoking cessation have had mixed results. We conducted a double-blind, placebo-controlled trial of a sustained-release form of bupropion for smoking cessation. We excluded smokers with current depression, but not those with a history of major depression. The 615 subjects were randomly assigned to receive placebo or bupropion at a dose of 100, 150, or 300 mg per day for seven weeks. The target quitting date (or "target quit date") was one week after the beginning of treatment. Brief counseling provided at base line, weekly during treatment, and at 8, 12, 26, and 52 wk. Self-reported abstinence was confirmed by a carbon monoxide concn. in expired air of 10 ppm or less. Results: At the end of seven weeks of treatment, the rates of smoking cessation as confirmed by carbon monoxide measurements were 19.0 percent in the placebo group, 28.8 percent in the 00-mg group, 38.6 percent in the 150-mg group, and 44.2 percent in the 300-mg group ($P < 0.001$). At one year the resp. rates were 12.4 percent, 19.6 percent, 22.9 percent, and 23.1 percent. The rates for the 150-mg group ($P = 0.2$) and the 300-mg group ($P = 0.01$) - but not the 100-mg group ($P = 0.09$) - were significantly better than those for the placebo group. Among the subjects who were continuously abstinent through the end of treatment, the mean abs. wt. gain was inversely assocd. with the dose (a gain of 2.9 kg in the placebo group, 2.3 kg in 100-mg and 150-mg groups, and 1.5 kg in the 300-mg group; $P = 0.02$). No effects of treatment were obsd. on depression scores as measured serially by the Beck Depression Inventory. Thirty-seven subjects stopped treatment prematurely because of adverse events; the frequently was similar among all groups. Conclusions: A sustained-release form of bupropion was effective for smoking cessation and was accompanied by reduced wt. gain and minimal side effects. Many participants in all groups were smoking at one year.

ST bupropion smoking cessation antidepressant depression
IT Antidepressants
Body weight
Drug dependence
Tobacco smoke
(sustained-release bupropion for smoking cessation in humans)

IT 34911-55-2, Bupropion
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(sustained-release bupropion for smoking cessation in humans)

L36 ANSWER 38 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 97213452 EMBASE
DN 1997213452
TI Dual diagnosis in primary care: Detecting and treating both the addiction and mental illness.
AU Ziedonis D.; Brady K.
CS Dr. D. Ziedonis, 34 Park Street, New Haven, CT 06508, United States
SO Medical Clinics of North America, (1997) 81/4 (1017-1036).
Refs: 53
ISSN: 0025-7125 CODEN: MCNAA
CY United States
DT Journal; General Review
FS 032 Psychiatry
037 Drug Literature Index

LA English
 SL English
 AB The initial phase of treatment includes engaging the patient in a discussion about the doctor's concerns and providing patients with information about the problems as well as the possibility of change. Treatment of dual disorders often requires a heightened awareness of the consequences of the problem and the development of a realistic plan for change. The treatment plan must attempt to evaluate and treat the addiction and the psychiatric and medical illnesses.

CT Medical Descriptors:
 *addiction
 *mental disease
 affective neurosis: DI, diagnosis
affective neurosis: DT, drug therapy
 alcoholism: DI, diagnosis
anxiety neurosis: DT, drug therapy
 anxiety neurosis: DI, diagnosis
attention deficit disorder: DT, drug therapy
 attention deficit disorder: DI, diagnosis
depression: DT, drug therapy
 depression: DI, diagnosis
 feeding disorder: DI, diagnosis
feeding disorder: DT, drug therapy
 mental test
 neurosis: DI, diagnosis
neurosis: DT, drug therapy
 panic: DI, diagnosis
panic: DT, drug therapy
 patient referral
 personality disorder: DI, diagnosis
personality disorder: DT, drug therapy
 posttraumatic stress disorder: DI, diagnosis
posttraumatic stress disorder: DT, drug therapy
 priority journal
 psychosocial care
 review
 smoking cessation
social phobia: DT, drug therapy
 social phobia: DI, diagnosis
 Drug Descriptors:
 *amfebutamone: DV, drug development
 *amfebutamone: DT, drug therapy
 *antidepressant agent: DV, drug development
 *antidepressant agent: DT, drug therapy
 *buspirone: DV, drug development
 *buspirone: DT, drug therapy
 *nefazodone: DT, drug therapy
 *nefazodone: DV, drug development
 *psychostimulant agent: DV, drug development
 *psychostimulant agent: DT, drug therapy
 *serotonin uptake inhibitor: DT, drug therapy
 *serotonin uptake inhibitor: DV, drug development
 *tricyclic antidepressant agent: DT, drug therapy
 *tricyclic antidepressant agent: DV, drug development
beta adrenergic receptor blocking agent: DT, drug therapy
 beta adrenergic receptor blocking agent: DV, drug development
clonidine: DT, drug therapy
 clonidine: DV, drug development

RN (amfebutamone) 31677-93-7, 34911-55-2; (buspirone) 33386-08-2, 36505-84-7; (nefazodone) 82752-99-6, 83366-66-9; (clonidine) 4205-90-7, 4205-91-8, 57066-25-8

L36 ANSWER 39 OF 93 HCAPLUS COPYRIGHT 1999 ACS

AN 1997:593632 HCAPLUS

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DN 127:257089
 TI Pharmacokinetics of **bupropion** and its metabolites in cigarette smokers versus nonsmokers
 AU Hsyu, Poe-Hirr; Singh, Ashish; Giargiari, Tracie D.; Dunn, John A.; Ascher, John A.; Johnston, J. Andrew
 CS Glaxo Wellcome, Inc., Research Triangle Park, NC, 27709, USA
 SO J. Clin. Pharmacol. (1997), 37(8), 737-743
 CODEN: JCPCBR; ISSN: 0091-2700
 PB Lippincott-Raven
 DT Journal
 LA English
 CC 1-2 (Pharmacology)
 Section cross-reference(s): 4
 AB **Bupropion** is an antidepressant agent that is also effective as an aid to quit cigarette **smoking**. A single 150-mg tablet of sustained-release **bupropion** hydrochloride was administered to two groups of volunteers, cigarette smokers and nonsmokers, who were matched for race, gender, body frame, age, and wt. Pharmacokinetic parameters were calcd. for **bupropion**, and three major metabolites (**hydroxybupropion** and the aminoalc. isomers, **threohydrobupropion** and **erythrohydrobupropion**, expressed as a composite total). Mean values of area under the concn.-time curve from time 0 extrapolated to infinity (AUC0-.infin.), max. concn. (Cmax), time to reach Cmax (tmax), and half-life (t1/2) of **bupropion** in smokers and nonsmokers, resp., were 1,164 ng.cntdot.hr/mL and 1,161 ng.cntdot.hr/mL; 144 ng/mL and 143 ng/mL; 3.00 h and 2.88 h; and 19 h and 18 h. No clin. significant differences between smokers and nonsmokers or between male and female volunteers were obsd. for the pharmacokinetics of **bupropion** or its metabolites. The absence of pharmacokinetic differences indicates that dosage adjustments are not necessary when **bupropion** is prescribed to male and female cigarette smokers.
 ST **bupropion** metabolite pharmacokinetics cigarette smoker
 IT Pharmacokinetic drug interactions
 Tobacco smoke
 (pharmacokinetics of **bupropion** and metabolites in human cigarette smokers vs. nonsmokers)
 IT 34911-55-2, **Bupropion**
 RL: BPR (Biological process); BIOL (Biological study); PROC (Process)
 (pharmacokinetics of **bupropion** and metabolites in human cigarette smokers vs. nonsmokers)
 IT 92264-81-8 187099-19-0 196212-22-3
 RL: BPR (Biological process); MFM (Metabolic formation); BIOL (Biological study); FORM (Formation, nonpreparative); PROC (Process)
 (pharmacokinetics of **bupropion** and metabolites in human cigarette smokers vs. nonsmokers)
 L36 ANSWER 40 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 97235872 EMBASE
 DN 1997235872
 TI **Zyban: Smoking-cessation aid.**
 SO Formulary, (1997) 32/7 (662).
 ISSN: 0098-6909 CODEN: FORMF
 CY United States
 DT Journal; Note
 FS 017 Public Health, Social Medicine and Epidemiology
 030 Pharmacology
 037 Drug Literature Index
 038 Adverse Reactions Titles
 LA English
 CT Medical Descriptors:
 *smoking cessation
 clinical trial
 depression: DT, drug therapy
 drug efficacy

drug indication
 human
 insomnia: SI, side effect
 neurotoxicity: SI, side effect
 note
 oral drug administration
 sustained release preparation
 transdermal drug administration
 xerostomia: SI, side effect

Drug Descriptors:

*amfebutamone: CT, clinical trial
 *amfebutamone: CB, drug combination
 *amfebutamone: DO, drug dose
 *amfebutamone: DT, drug therapy
 *amfebutamone: PR, pharmaceuticals
 *amfebutamone: PD, pharmacology
 *amfebutamone: AE, adverse drug reaction
 *antidepressant agent: DT, drug therapy
 *antidepressant agent: PD, pharmacology
 *antidepressant agent: PR, pharmaceuticals
 *antidepressant agent: CB, drug combination
 *antidepressant agent: DO, drug dose
 *antidepressant agent: CT, clinical trial
 *antidepressant agent: AE, adverse drug reaction
 nicotine: CT, clinical trial
 nicotine: AD, drug administration
 nicotine: CB, drug combination
 nicotine: PD, pharmacology

RN (amfebutamone) 31677-93-7, 34911-55-2; (nicotine)
 54-11-5

CN (1) Zyban; Wellbutrin

CO (1) Glaxo

L36 ANSWER 41 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 97377292 EMBASE

DN 1997377292

TI Behavioral and pharmacologic approaches to **smoking** cessation.

AU Anderson C.B.; Wetter D.W.

CS C.B. Anderson, UT M.D. Anderson Cancer Center, Department of Behavioral
 Science, Box 243, 1515 Holcombe Blvd., Houston, TX 77030-4095, United
 States

SO Cancer and Metastasis Reviews, (1997) 16/3-4 (393-404).

Refs: 65

ISSN: 0167-7659 CODEN: CMRED4

CY Netherlands

DT Journal; General Review

FS 017 Public Health, Social Medicine and Epidemiology

030 Pharmacology

037 Drug Literature Index

LA English

SL English

AB Cigarette **smoking** continues to be the single, most preventable
 cause of death and disability in the United States. For individuals who
 have cancer, continuing to smoke negatively impacts their treatment,
 survival, and risk for second primary tumors. This review of behavioral
 and pharmacological approaches to **smoking** cessation focuses on
 the recent comprehensive review of cessation interventions by the Agency
 for Health Care Policy and Research (AHCPR), as well as on new
 developments in the field. An intervention model is outlined that provides
 oncologists with a brief and easily implemented method of systematically
 treating patients who smoke. By assessing patient **smoking**
 status, advising **smoking** patients to quit, and proactively
 assisting their patients in quitting, oncologists can significantly
 influence patient health and fulfill their professional and ethical

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responsibility to address this life-threatening behavior.

CT Medical Descriptors:
 *behavior modification
 *cigarette smoking
 *smoking cessation
 anxiety
 clinical trial
 depression: DT, drug therapy
 human
 intranasal drug administration
 practice guideline
 priority journal
 problem solving
 review
 self help
 social support
 substitution therapy
 transdermal drug administration
 Drug Descriptors:
 *amfebutamone: CT, clinical trial
 *amfebutamone: DT, drug therapy
 *buspirone: CT, clinical trial
 *clonidine: CT, clinical trial
 *nicotine: CT, clinical trial
 *nicotine gum: CT, clinical trial
 *phenylpropanolamine: CT, clinical trial
 anorexigenic agent: CT, clinical trial
 antidepressant agent: CT, clinical trial
 antidepressant agent: DT, drug therapy
 anxiolytic agent: CT, clinical trial
 placebo: CT, clinical trial

RN (amfebutamone) 31677-93-7, 34911-55-2; (buspirone)
 33386-08-2, 36505-84-7; (clonidine) 4205-90-7, 4205-91-8, 57066-25-8;
 (nicotine) 54-11-5; (nicotine gum) 96055-45-7; (phenylpropanolamine)
 14838-15-4, 154-41-6, 4345-16-8, 48115-38-4

CN Nicotine polacrilex

L36 ANSWER 42 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 10
 AN 1997:536489 HCAPLUS
 DN 127:185769
 TI Comparison of fluoxetine, bupropion, and placebo in the
 treatment of premenstrual dysphoric disorder
 AU Pearlstein, Teri B.; Stone, Andrea B.; Lund, Sally A.; Scheft, Harriet;
 Zlotnick, Caron; Brown, Walter A.
 CS Department of Psychiatry and Human Behavior, Brown University School of
 Medicine, Providence, RI, USA
 SO J. Clin. Psychopharmacol. (1997), 17(4), 261-266
 CODEN: JCPYDR; ISSN: 0271-0749
 PB Williams & Wilkins
 DT Journal
 LA English
 CC 1-11 (Pharmacology)
 AB Serotonergic antidepressants have been shown to be effective treatments
 for premenstrual dysphoric disorder (PMDD). The efficacy of
 nonserotonergic antidepressants is less well studied. This study was a
 two-center, parallel design, placebo-controlled, randomized trial of
 fluoxetine, bupropion, and placebo in women with PMDD.
 Thirty-four women with PMDD completed 1 mo of single-blind placebo and 2
 mo of fluoxetine 20 mg/day (N = 10), bupropion 100 mg three
 times daily (N = 12), or placebo (N = 12). Clin. Global Impressions (CGI)
 Scale, an expanded form of the Hamilton Rating Scale for Depression
 (HAM-D), and Global Assessment Scale (GAS) ratings were obtained
 premenstrually in each of the three treatment cycles. The three
 treatment groups differed significantly in efficacy by CGI ratings.

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Fluoxetine was superior to both **bupropion** and placebo. Comparison of posttreatment to pretreatment HAM and GAS scores demonstrated significant superior efficacy of fluoxetine compared with placebo. Posttreatment HAM and GAS scores for **bupropion** were intermediate between but not significantly different from fluoxetine or placebo. In summary, fluoxetine was significantly superior to **bupropion** and placebo as an effective treatment for PMDD. Although some improvement with **bupropion** was noted, and both medications were well tolerated, patient satisfaction was far greater with fluoxetine.

ST fluoxetine **bupropion** premenstrual syndrome
antidepressant

IT Antidepressants

Premenstrual syndrome

(comparison of fluoxetine, **bupropion**, and placebo in the treatment of **premenstrual** dysphoric disorder in humans)

IT 34911-55-2, **Bupropion** 54910-89-3, Fluoxetine

RL: BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(comparison of fluoxetine, **bupropion**, and placebo in the treatment of **premenstrual** dysphoric disorder in humans)

L36 ANSWER 43 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 97298863 EMBASE

DN 1997298863

TI Chronic **pain** in the setting of Parkinson's disease and depression.

AU Stein W.M.; Read S.

CS Dr. W.M. Stein, 5455 Sylmar Avenue, Sherman Oaks, CA 90401, United States

SO Journal of Pain and Symptom Management, (1997) 14/4 (255-258).

Refs: 7

ISSN: 0885-3924 CODEN: JPSMEU

PUI S 0885-3924(97)00176-0

CY United States

DT Journal; Article

FS 008 Neurology and Neurosurgery

037 Drug Literature Index

LA English

SL English

AB A 65-year-old woman with chronic **pain** was admitted to the hospital for severe recurrent major depression complicating Parkinson's disease (PD). **Pain** complaints were closely related to the fluctuating motor syndrome of PD. Specifically, **pain** was experienced in conjunction with hypomobility, and, as a result, she self-medicated with extra carbidopa/levodopa. A regimen of tramadol and cyclobenzaprine, along with sustained-release carbidopa/levodopa for PD and bupropion for her depression resulted in sustained symptomatic and functional improvement. Craving for, and self medication with, supplemental carbidopa/levodopa ceased. Theoretical support for synergism among dopamine and opioid neurotransmitter systems can be found in recent literature.

CT Medical Descriptors:

*depression: DI, diagnosis

*depression: DT, drug therapy

*parkinson disease: DT, drug therapy

*parkinson disease: DI, diagnosis

aged

article

case report

female

functional assessment

human

human cell

human tissue

neurotransmission
 pain: DI, diagnosis
 pain: ET, etiology
 self medication
 theory

Drug Descriptors:

*amfebutamone: CM, drug comparison
 *amfebutamone: DT, drug therapy
 *carbidopa plus levodopa: CM, drug comparison
 *carbidopa plus levodopa: DT, drug therapy
 *cyclobenzaprine: CM, drug comparison
 *cyclobenzaprine: DT, drug therapy
 *tramadol: CM, drug comparison
 *tramadol: DT, drug therapy

RN (amfebutamone) 31677-93-7, 34911-55-2; (carbidopa plus
 levodopa) 57308-51-7; (cyclobenzaprine) 303-53-7, 6202-23-9; (tramadol)
 27203-92-5, 36282-47-0

L36 ANSWER 44 OF 93 MEDLINE

AN 1998170899 MEDLINE

DN 98170899

TI **Bupropion** treatment of serotonin reuptake antidepressant-
 associated sexual dysfunction.

AU Labbate L A; Grimes J B; Hines A; Pollack M H

CS Department of Psychiatry and Behavioral Sciences, Medical University of
 South Carolina and VA Medical Center, Charleston, 29401, USA.

SO ANNALS OF CLINICAL PSYCHIATRY, (1997 Dec) 9 (4) 241-5.

Journal code: BUO. ISSN: 1040-1237.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 199807

AB Serotonin reuptake inhibitor (SRI)-induced sexual dysfunction is common,
 and a number of pharmacologic adjunctive strategies have been employed to
 treat this vexing problem. This open label study tested the efficacy of
 adjunctive **bupropion** across several measures of sexual function.
 Patients taking SRIs for various mood or anxiety disorders who reported
 prospective decline in sexual function after at least 2 months on SRIs
 were offered treatment with **bupropion**, 75 mg/day. Eight patients
 were treated, and sexual function was measured by use of a visual analog
 scale at 1 month of treatment. Four of eight patients experienced marked
 improvement in sexual dysfunction following adjunctive **bupropion**
 treatment. **Bupropion** may be a pharmacologic option for treating
 SRI-associated sexual dysfunction, though controlled clinical trials are
 needed.

CT Check Tags: Case Report; Female; Human; Male
 Adult

*Antidepressive Agents: AE, adverse effects

Antidepressive Agents: TU, therapeutic use

Antidepressive Agents, Second-Generation: AE, adverse effects

*Antidepressive Agents, Second-Generation: TU, therapeutic use

*Anxiety Disorders: DT, drug therapy

Anxiety Disorders: PX, psychology

Bupropion: AE, adverse effects

***Bupropion**: TU, therapeutic use

Drug Therapy, Combination

Fluoxetine: AE, adverse effects

Fluoxetine: TU, therapeutic use

Libido: DE, drug effects

Middle Age

*Mood Disorders: DT, drug therapy

Mood Disorders: PX, psychology

Pain Measurement

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Paroxetine: AE, adverse effects
 Paroxetine: TU, therapeutic use
 *Serotonin Uptake Inhibitors: AE, adverse effects
 Serotonin Uptake Inhibitors: TU, therapeutic use
 Sex Behavior: DE, drug effects
 Sexual Dysfunctions, Psychological: CI, chemically induced
 *Sexual Dysfunctions, Psychological: DT, drug therapy
 Treatment Outcome
 1-Naphthylamine: AA, analogs & derivatives
 1-Naphthylamine: AE, adverse effects
 1-Naphthylamine: TU, therapeutic use
 RN 134-32-7 (1-Naphthylamine); 34841-39-9 (Bupropion); 54910-89-3
 (Fluoxetine); 61869-08-7 (Paroxetine); 79617-96-2 (Sertraline)
 CN 0 (Antidepressive Agents); 0 (Antidepressive Agents, Second-Generation); 0
 (Serotonin Uptake Inhibitors)

 L36 ANSWER 45 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 97091392 EMBASE
 DN 1997091392
 TI Depression and related disorders.
 AU Szewczyk M.; Chennault S.A.
 CS Dr. M. Szewczyk, Dept. of Family/Community Medicine, Bowman Gray School of
 Medicine, Wake Forest University, Medical Center Boulevard, Winston-Salem,
 NC 27157, United States
 SO Primary Care - Clinics in Office Practice, (1997) 24/1 (83-101).
 Refs: 103
 ISSN: 0095-4543 CODEN: PRCADR
 CY United States
 DT Journal; General Review
 FS 010 Obstetrics and Gynecology
 032 Psychiatry
 037 Drug Literature Index
 LA English
 SL English
 AB Depression in women is common, with biologic, social, and psychological
 influences. The majority of depressed women present to their primary care
 physician often to address the depressive symptoms alone or more often
 physiologic symptoms that are related to their psychological state. An
 awareness of the relationship between mood disorders and the menstrual
 cycle, the use of hormonal medications, pregnancy, the postpartum state,
 and menopause is important. Treatment must be multifaceted and must focus
 on all factors that may influence a woman's mood and her functioning.
 Pharmacologic therapy attempts to address the biologic changes that may be
 present. The recognition that all antidepressants are equally effective
 enables the physician to tailor medication to the woman's needs and to
 encourage optimal effectiveness and adherence. Psychological and social
 interventions must address the personal, social, and work environments of
 the woman. Culture, race, and ethnicity should be considered when
 attempting to understand the influence of psychosocial stressors. Whether
 the physician elects to provide the psychological intervention or make a
 referral, a collaborative approach to treatment often is more effective
 and time-efficient for the provider and results in overall improved
 quality of care. Referrals may include mental health professionals,
 consultants, nurses, community resources, and support groups. The
 physician's role is that of patient advocate and health care coordinator;
 regardless, early recognition, diagnosis, and aggressive treatment of mood
 disorders promote recovery, prevent recurrence, and impact profoundly on
 the woman, her family, and the community.
 CT Medical Descriptors:
 *depression: DT, drug therapy
 *depression: ET, etiology
 *depression: TH, therapy
 *depression: DI, diagnosis
 affective neurosis

bereavement
 dysthymia
 menstrual cycle
 mental deficiency
 mood
premenstrual syndrome
 priority journal
 psychotherapy
 puerperal depression
 review
 risk factor
 sex difference

Drug Descriptors:

***amfebutamone: DT, drug therapy**
***antidepressant agent: DT, drug therapy**
***serotonin uptake inhibitor: DT, drug therapy**

RN (amfebutamone) 31677-93-7, 34911-55-2

L36 ANSWER 46 OF 93 MEDLINE

AN 97413333 MEDLINE

DN 97413333

TI **Bupropion (Zyban)** for smoking cessation.

AU Anonymous

SO MEDICAL LETTER ON DRUGS AND THERAPEUTICS, (1997 Aug 15) 39 (1007) 77-8.
 Journal code: M52. ISSN: 0025-732X.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199710

EW 19971005

CT Check Tags: Human

Bupropion: AE, adverse effects

Bupropion: PK, pharmacokinetics

***Bupropion: TU, therapeutic use**

Clinical Trials

Costs and Cost Analysis

***Dopamine Uptake Inhibitors: TU, therapeutic use**

Drug Interactions

***Smoking Cessation**

Tobacco Use Disorder: TH, therapy

RN **34841-39-9 (Bupropion)**

CN 0 (Dopamine Uptake Inhibitors)

L36 ANSWER 47 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 97184743 EMBASE

DN 1997184743

TI Antidepressant offers smokers another way to kick butts.

AU O'Brien E.

SO Drug Topics, (1997) 141/11 (25+28).

ISSN: 0012-6616 CODEN: DGTNA7

CY United States

DT Journal; Note

FS 030 Pharmacology

037 Drug Literature Index

038 Adverse Reactions Titles

LA English

CT Medical Descriptors:

***smoking cessation**

behavior modification

depression: DT, drug therapy

dose response

human

insomnia: SI, side effect

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note
 reward
 seizure: SI, side effect
 withdrawal syndrome: DT, drug therapy
 xerostomia: SI, side effect
 Drug Descriptors:
 *amfebutamone: AE, adverse drug reaction
 *amfebutamone: DV, drug development
 *amfebutamone: DO, drug dose
 *amfebutamone: DT, drug therapy
 *antidepressant agent: DV, drug development
 *antidepressant agent: DT, drug therapy
 *nicotine
 dopamine
 noradrenalin
 RN (amfebutamone) 31677-93-7, 34911-55-2; (nicotine)
 54-11-5; (dopamine) 51-61-6, 62-31-7; (noradrenalin) 1407-84-7, 51-41-2
 CO Glaxo; Burroughs wellcome

L36 ANSWER 48 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 97371077 EMBASE
 DN 1997371077
 TI Tobacco update 1997: 'Global settlement' on hold.
 AU Kennedy M.
 SO Wisconsin Medical Journal, (1997) 96/11 (19-22).
 ISSN: 0043-6542 CODEN: WMJOA7
 CY United States
 DT Journal; General Review
 FS 017 Public Health, Social Medicine and Epidemiology
 037 Drug Literature Index
 LA English
 CT Medical Descriptors:
 *cigarette smoking
 *industry
 *law suit
 addiction: DT, drug therapy
 addiction: PC, prevention
 human
 public health
 review
 smoking cessation
 Drug Descriptors:
 *alpha adrenergic receptor: EC, endogenous compound
 *dopamine receptor: EC, endogenous compound
 *drug: DT, drug therapy
 *nicotine
 *tobacco
 *amfebutamone: DT, drug therapy
 RN (nicotine) 54-11-5; (amfebutamone) 31677-93-7,
 34911-55-2

L36 ANSWER 49 OF 93 MEDLINE
 AN 96180618 MEDLINE
 DN 96180618
 TI Bupropion treatment of depression to assist smoking
 cessation [letter].
 AU Lief H I
 SO AMERICAN JOURNAL OF PSYCHIATRY, (1996 Mar) 153 (3) 442.
 Journal code: 3VG. ISSN: 0002-953X.
 CY United States
 DT Letter
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 199608

CT Check Tags: Case Report; Female; Human
***Bupropion: TU, therapeutic use**
 Comorbidity
***Depressive Disorder: DT, drug therapy**
 Depressive Disorder: EP, epidemiology
 Depressive Disorder: PC, prevention & control
 Smoking: EP, epidemiology
***Smoking: PC, prevention & control**
***Smoking Cessation**
 Weight Gain
 RN 34841-39-9 (Bupropion)

L36 ANSWER 50 OF 93 MEDLINE
 AN 96168061 MEDLINE
 DN 96168061
 TI Treatment of **chronic fatigue** syndrome with venlafaxine
 [letter].
 AU Goodnick P J
 SO AMERICAN JOURNAL OF PSYCHIATRY, (1996 Feb) 153 (2) 294.
 Journal code: 3VG. ISSN: 0002-953X.
 CY United States
 DT Letter
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 199605
 CT Check Tags: Case Report; Female; Human
 Adult
Bupropion: TU, therapeutic use
***Cyclohexanols: TU, therapeutic use**
***Fatigue Syndrome, Chronic: DT, drug therapy**
 Killer Cells, Natural: DE, drug effects
 Killer Cells, Natural: IM, immunology
***Serotonin Uptake Inhibitors: TU, therapeutic use**
 Treatment Outcome
 RN 34841-39-9 (Bupropion); 93413-69-5 (venlafaxine)
 CN 0 (Cyclohexanols); 0 (Serotonin Uptake Inhibitors)

L36 ANSWER 51 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 96076005 EMBASE
 DN 1996076005
 TI **Bupropion** treatment of depression to assist **smoking's**
 cessation [3].
 AU Lief H.I.
 SO American Journal of Psychiatry, (1996) 153/3 (442).
 ISSN: 0002-953X CODEN: AJPSAO
 CY United States
 DT Journal; Letter
 FS 032 Psychiatry
 037 Drug Literature Index
 040 Drug Dependence, Alcohol Abuse and Alcoholism
 LA English
 CT Medical Descriptors:
***depression: DT, drug therapy**
***smoking cessation**
 case report
cigarette smoking
 drug efficacy
 drug indication
 feeding behavior
 female
 human
 letter
 priority journal
 weight gain

Drug Descriptors:

*amfebutamone: CM, drug comparison

*amfebutamone: DT, drug therapy

*fluoxetine: CM, drug comparison

*fluoxetine: DT, drug therapy

RN (amfebutamone) 31677-93-7, 34911-55-2; (fluoxetine)
54910-89-3, 56296-78-7, 59333-67-4

L36 ANSWER 52 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 96130661 EMBASE

DN 1996130661

TI Pharmacotherapy for mood disorders.

AU Rosenbaum A.H.

CS Department of Psychiatry, Harper Hospital, 3990 John R, Detroit, MI 48201,
United States

SO Infertility and Reproductive Medicine Clinics of North America, (1996) 7/2
(365-379).

ISSN: 1047-9422 CODEN: IRMCF8

CY United States

DT Journal; General Review

FS 010 Obstetrics and Gynecology

032 Psychiatry

037 Drug Literature Index

038 Adverse Reactions Titles

LA English

SL English

AB **Chronic** and debilitating, affective disorders are becoming more common among youth and the elderly population. Depression, a diagnosis that is often missed, is twice as common in women who have been pregnant compared with nulliparous women and men. When diagnosed, it is often untreated. When treated, most patients respond to adequate doses of an antidepressant. Risk factors for recurring depression include a history of two or more depressive episodes; comorbid psychiatric and medical problems; and psychosocial factors, such as heightened vulnerability to the stress of life events.

CT Medical Descriptors:

*depression: DT, drug therapy

*pregnancy

*stress

affective neurosis: DT, drug therapy

ankle edema: SI, side effect

anticholinergic effect

cardiotoxicity: SI, side effect

dysthymia: DT, drug therapy

fatigue: SI, side effect

female

gastrointestinal symptom: SI, side effect

headache: SI, side effect

human

hypertension: DT, drug therapy

hypertension: SI, side effect

hypothyroidism: SI, side effect

manic depressive psychosis: DT, drug therapy

neurotoxicity: SI, side effect

orthostatic hypotension: SI, side effect

premenstrual syndrome: DT, drug therapy

priapism: SI, side effect

review

sexual dysfunction: SI, side effect

sleep disorder: SI, side effect

side effect

Drug Descriptors:

*amfebutamone: AE, adverse drug reaction

*amfebutamone: PD, pharmacology

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*amfebutamone: PK, pharmacokinetics
*amfebutamone: DT, drug therapy
*lithium: CB, drug combination
*lithium: IT, drug interaction
*lithium: AE, adverse drug reaction
*lithium: PK, pharmacokinetics
*lithium: TO, drug toxicity
*monoamine oxidase inhibitor: CM, drug comparison
*monoamine oxidase inhibitor: IT, drug interaction
*monoamine oxidase inhibitor: DT, drug therapy
*monoamine oxidase inhibitor: TO, drug toxicity
*monoamine oxidase inhibitor: PD, pharmacology
*monoamine oxidase inhibitor: CB, drug combination
*monoamine oxidase inhibitor: AE, adverse drug reaction
*serotonin uptake inhibitor: CB, drug combination
*serotonin uptake inhibitor: IT, drug interaction
*serotonin uptake inhibitor: AE, adverse drug reaction
*serotonin uptake inhibitor: TO, drug toxicity
*serotonin uptake inhibitor: DT, drug therapy
*serotonin uptake inhibitor: CM, drug comparison
*serotonin uptake inhibitor: PD, pharmacology
*tricyclic antidepressant agent: AE, adverse drug reaction
*tricyclic antidepressant agent: DT, drug therapy
*tricyclic antidepressant agent: IT, drug interaction
*tricyclic antidepressant agent: CM, drug comparison
*tricyclic antidepressant agent: PD, pharmacology
*valproic acid: AE, adverse drug reaction
*valproic acid: DT, drug therapy
(3 chlorophenyl)piperazine: AE, adverse drug reaction
(3 chlorophenyl)piperazine: DT, drug therapy
(3 chlorophenyl)piperazine: PD, pharmacology
carbamazepine: PD, pharmacology
carbamazepine: TO, drug toxicity
carbamazepine: DT, drug therapy
carbamazepine: AE, adverse drug reaction
clomipramine: IT, drug interaction
clomipramine: CB, drug combination
clozapine
fenfluramine: IT, drug interaction
fluoxetine: DT, drug therapy
fluoxetine: CM, drug comparison
fluoxetine: PK, pharmacokinetics
fluoxetine: PD, pharmacology
fluoxetine: AE, adverse drug reaction
fluvoxamine maleate: CM, drug comparison
fluvoxamine maleate: AE, adverse drug reaction
fluvoxamine maleate: DT, drug therapy
fluvoxamine maleate: PK, pharmacokinetics
fluvoxamine maleate: PD, pharmacology
ketoconazole: IT, drug interaction
lithium carbonate: DT, drug therapy
maprotiline: DT, drug therapy
narcotic agent: IT, drug interaction
narcotic agent: CB, drug combination
nefazodone: AE, adverse drug reaction
nefazodone: PD, pharmacology
nefazodone: DT, drug therapy
nefazodone: IT, drug interaction
neuroleptic agent: TO, drug toxicity
nifedipine: DT, drug therapy
paroxetine: PD, pharmacology
paroxetine: PK, pharmacokinetics
paroxetine: CM, drug comparison
paroxetine: AE, adverse drug reaction

paroxetine: DT, drug therapy
 phenelzine: AE, adverse drug reaction
 phenelzine: DT, drug therapy
 sertraline: PK, pharmacokinetics
 sertraline: PD, pharmacology
 sertraline: DT, drug therapy
 sertraline: AE, adverse drug reaction
 sertraline: CM, drug comparison
 thiazide diuretic agent: IT, drug interaction
 tranylcypromine: PK, pharmacokinetics
 tranylcypromine: DT, drug therapy
 trazodone: DT, drug therapy
 tryptophan: IT, drug interaction
 unindexed drug
 valproate semisodium: AE, adverse drug reaction
 valproate semisodium: DT, drug therapy
 valproate semisodium: TO, drug toxicity
 valproate semisodium: PK, pharmacokinetics
 valproate semisodium: PD, pharmacology
 venlafaxine: PD, pharmacology
 venlafaxine: PK, pharmacokinetics
 venlafaxine: DT, drug therapy
 venlafaxine: DO, drug dose
 venlafaxine: AE, adverse drug reaction
 RN (amfebutamone) 31677-93-7, 34911-55-2; (lithium)
 7439-93-2; (valproic acid) 1069-66-5, 99-66-1; ((3
 chlorophenyl)piperazine) 6640-24-0; (carbamazepine) 298-46-4, 8047-84-5;
 (clomipramine) 17321-77-6, 303-49-1; (clozapine) 5786-21-0; (fenfluramine)
 404-82-0, 458-24-2; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4;
 (fluvoxamine maleate) 61718-82-9; (ketoconazole) 65277-42-1; (lithium
 carbonate) 554-13-2; (maprotiline) 10262-69-8, 10347-81-6; (nefazodone)
 82752-99-6, 83366-66-9; (nifedipine) 21829-25-4; (paroxetine) 61869-08-7;
 (phenelzine) 156-51-4, 51-71-8; (sertraline) 79617-96-2; (tranylcypromine)
 13492-01-8, 155-09-9, 54-97-7; (trazodone) 19794-93-5, 25332-39-2;
 (tryptophan) 6912-86-3, 73-22-3; (valproate semisodium) 76584-70-8;
 (venlafaxine) 93413-69-5
 CN Paxil; Zoloft; Luvox; Prozac; Anafranil; Depakote; Tegretol
 L36 ANSWER 53 OF 93 HCAPLUS COPYRIGHT 1999 ACS
 AN 1995:970985 HCAPLUS
 DN 124:44542
 TI New antidepressant agents: Recent pharmacological developments leading to
 improved efficacy
 AU Goodnick, Paul J; Benitez, Amparo
 CS School Medicine, University Miami, Miami, FL, 33136, USA
 SO Expert Opin. Invest. Drugs (1995), 4(10), 935-43
 CODEN: EOIDER; ISSN: 0967-8298
 DT Journal; General Review
 LA English
 CC 1-0 (Pharmacology)
 AB A review with 42 refs. The disadvantages of the std. tricyclic
 antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs), in terms
 of side-effects and fatal overdose, led to the development and release of
 seven new antidepressants in the USA in the past eight years with approx.
 another ten in various stages of development. This paper will focus on
 how recent advances in biochem. and kinetics have led to improved
 efficacy. In particular, the more specific 5-HT agents appear effective
 for "typical" depression and pain; the less specific ones for
 depression assocd. with obsessive-compulsive disorder. The selective
 serotonin reuptake inhibitors (SSRIs) are particularly suited for
 treatment of depression assocd. with diabetes mellitus; the serotonin and
 norepinephrine reuptake inhibitor (SNRI), venlafaxine, for resistant
 depression; and bupropion, for atypical depression. The
 serotonin receptor modulator (SRM), nefazodone, in contrast, is
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particularly suited for the treatment of depression assocd. with insomnia because of its combined SSRI and post-synaptic 5-HT_{2A/C} receptor antagonist effects. In terms of kinetics, important factors include, particularly: elimination half-lives, linearity of kinetics, therapeutic blood levels, effects on hepatic microenzymes, and effects on memory and alertness. Discussion of these seven antidepressants is followed by a brief review of knowledge concerning other potential antidepressants in development.

ST antidepressant efficacy review

IT Antidepressants

(new antidepressant agents: recent pharmacol. developments leading to improved efficacy)

L36 ANSWER 54 OF 93 MEDLINE

AN 96087304 MEDLINE

DN 96087304

TI Eosinophilia associated with **bupropion**.

AU Malesker M A; Soori G S; Malone P M; Mahowald J A; Housel G J

CS Immanuel Medical Center, Omaha, NE, USA.

SO ANNALS OF PHARMACOTHERAPY, (1995 Sep) 29 (9) 867-9.

Journal code: BBX. ISSN: 1060-0280.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 199604

AB OBJECTIVE: To describe the first incidence of eosinophilia following administration of **bupropion**. CASE SUMMARY: The patient was a 72-year-old woman admitted for evaluation of chest pain. During hospitalization, the eosinophil count reached 0.60 fraction of 1.00, with absolute eosinophil count of $6693 \times 10(6)/L$ and a white blood cell count of $18.5 \times 10(9)/L$. She had been receiving **bupropion** therapy for 5 days prior to this admission. DISCUSSION: Potential causes of the eosinophilia, including disease states and medications, were reviewed comprehensively and ruled out. A review of the literature (MEDLINE 1966-1994) did not identify previous cases of eosinophilia associated with **bupropion** therapy. Causes of eosinophilia include parasitic infections, allergic diseases, and medication use. A proposed mechanism for the occurrence of eosinophilia in this patient is unknown. CONCLUSIONS: Considering the temporal sequence of events, drugs administered prior to the development of eosinophilia, and the rapid decline of the eosinophil count following discontinuation of the medication, **bupropion** appears to be the precipitating agent.

CT Check Tags: Case Report; Female; Human
Aged

*Antidepressive Agents, Second-Generation: AE, adverse effects

Antidepressive Agents, Second-Generation: TU, therapeutic use

***Bupropion**: AE, adverse effects

Bupropion: TU, therapeutic use

Depression: CO, complications

Depression: DT, drug therapy

Eosinophilia: BL, blood

*Eosinophilia: CI, chemically induced

Leukocyte Count

RN 34841-39-9 (**Bupropion**)

CN 0 (Antidepressive Agents, Second-Generation)

L36 ANSWER 55 OF 93 MEDLINE

DUPLICATE 11

AN 96116050 MEDLINE

DN 96116050

TI Carbamazepine but not valproate induces **bupropion** metabolism.

AU Ketter T A; Jenkins J B; Schroeder D H; Pazzaglia P J; Marangell L B;

George M S; Callahan A M; Hinton M L; Chao J; Post R M

CS Biological Psychiatry Branch, National Institute of Mental Health,

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Bethesda, MD 20892, USA.

SO JOURNAL OF CLINICAL PSYCHOPHARMACOLOGY, (1995 Oct) 15 (5) 327-33.
Journal code: HUD. ISSN: 0271-0749.

CY United States

DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 199612

AB **Bupropion** (BUP) may be less likely than other antidepressants to cause switches into mania and rapid cycling, suggesting utility in bipolar disorder. The combination of BUP with the mood-stabilizing anticonvulsants carbamazepine (CBZ) or valproate (VPA) is a strategy that might further lessen the risk of mania. CBZ induces, and to a lesser extent VPA inhibits the hepatic metabolism of various medications, but their effects on BUP have not been previously studied. Inpatients with mood disorders had pharmacokinetic profiles of BUP and metabolites assessed after single, oral, 150-mg doses of BUP while receiving placebo (N = 17) or during chronic blind CBZ (N = 12) or VPA (N = 5) monotherapy. CBZ but not VPA therapy decreased BUP peak concentrations (Cmax) by 87% (p < 0.0001) and 24-h area under the curve (AUC) by 90% (p < 0.0001), threohydrobupropion Cmax by 81% (p < 0.0009) and AUC by 86% (p < 0.002), and erythrohydrobupropion Cmax by 86% (p < 0.05) and AUC by 96% (p < 0.05). CBZ increased hydroxybupropion (H-BUP) Cmax by 71% (p < 0.007) and AUC by 50% (p < 0.09) and H-BUP AUC by 94% (p < 0.02). Thus, CBZ markedly decreased BUP and increased H-BUP concentrations, whereas VPA did not affect BUP but increased H-BUP concentrations. Further studies are required to determine how these differential effects of CBZ and VPA on BUP pharmacokinetics influence the tolerability and efficacy of combination therapies with these agents.

CT Check Tags: Comparative Study; Human
Adult
Antidepressive Agents: PK, pharmacokinetics
*Antidepressive Agents: TU, therapeutic use
Biotransformation
Bipolar Disorder: BL, blood
*Bipolar Disorder: DT, drug therapy
*Bupropion: PK, pharmacokinetics
Bupropion: TU, therapeutic use
Carbamazepine: PK, pharmacokinetics
*Carbamazepine: TU, therapeutic use
Cytochrome P-450: ME, metabolism
Depressive Disorder: BL, blood
*Depressive Disorder: DT, drug therapy
Dose-Response Relationship, Drug
Double-Blind Method
Drug Administration Schedule
Drug Therapy, Combination
Enzyme Induction: DE, drug effects
Hydroxylases: ME, metabolism
Liver: DE, drug effects
Liver: EN, enzymology
Metabolic Clearance Rate: DE, drug effects
Middle Age
Treatment Outcome
Valproic Acid: PK, pharmacokinetics
*Valproic Acid: TU, therapeutic use

RN 298-46-4 (Carbamazepine); 34841-39-9 (Bupropion); 9035-51-2
(Cytochrome P-450); 99-66-1 (Valproic Acid)

CN EC 1.14. (Hydroxylases); EC 1.14.99.- (nifedipine oxidase); 0
(Antidepressive Agents)

AN 95288690 EMBASE
 DN 1995288690
 TI **Bupropion** and sertraline combination treatment in refractory depression.
 AU Marshall R.D.; Johannet C.M.; Collins P.Y.; Smith H.; Kahn D.A.; Douglas C.J.
 CS New York State Psychiatric Institute, 722 West 168th Street, New York, NY 10032, United States
 SO Journal of Psychopharmacology, (1995) 9/3 (284-286).
 ISSN: 0269-8811 CODEN: JOPSEQ
 CY United Kingdom
 DT Journal; Article
 FS 030 Pharmacology
 032 Psychiatry
 037 Drug Literature Index
 LA English
 SL English
 AB A sizeable minority of depressed patients, estimated at 15-20%, suffer **chronic** symptoms which often persist despite appropriate treatment. The search for new, more efficacious pharmacotherapies has included testing existing medications for additional therapeutic effects, such as in combination treatment. Four treatment-refractory patients who presented to the authors for clinical care are described, in which the combination of **bupropion** and sertraline was effective for a major depressive episode. None of the patients experienced adverse effects. Two carried the diagnosis of unipolar depression, and two, bipolar **disorder**. All had prior adequate, but ineffective, separate trials of bupropion and a selective serotonin re-uptake inhibitor (SSRI), including sertraline. All had **chronic** depression with multiple failed medication treatments, arguing against the alternative explanation that their improvement represented a placebo response or spontaneous remission. The efficacious combination of sertraline and **bupropion** may be due to synergism of its two distinct antidepressant mechanisms involving serotonergic, dopaminergic and noradrenergic systems.
 CT Medical Descriptors:
 *depression: DT, drug therapy
 adult
 article
 bipolar depression: DT, drug therapy
 case report
 chronic disease
 drug efficacy
 drug safety
 female
 human
 male
 priority journal
 treatment outcome
 unipolar depression: DT, drug therapy
 Drug Descriptors:
 *amfebutamone: CB, drug combination
 *amfebutamone: DT, drug therapy
 *sertraline: CB, drug combination
 *sertraline: DT, drug therapy
 serotonin uptake inhibitor: DT, drug therapy
 (amfebutamone) 31677-93-7, 34911-55-2; (sertraline) 79617-96-2
 L36 ANSWER 57 OF 93 MEDLINE
 AN 94350918 MEDLINE
 DN 94350918
 TI **Bupropion** in chronic low back pain [letter].
 AU Davidson J R; France R D

SO JOURNAL OF CLINICAL PSYCHIATRY, (1994 Aug) 55 (8) 362.
Journal code: HIC. ISSN: 0160-6689.

CY United States

DT Letter

LA English

FS Priority Journals

EM 199412

CT Check Tags: Case Report; Female; Human; Male
Adult

Back Pain: DI, diagnosis

*Back Pain: DT, drug therapy

*Bupropion: TU, therapeutic use

Chronic Disease

Pain Measurement

Treatment Outcome

RN 34841-39-9 (Bupropion)

L36 ANSWER 58 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 95006758 EMBASE

DN 1995006758

TI Psycho-oncology: Depression, anxiety, delirium.

AU Breitbart W.

CS Psychiatry Service, Memorial Sloan-Kettering Cancer Ctr., Box 421, 1275
York Ave, New York, NY 10021, United States

SO Seminars in Oncology, (1994) 21/6 (754-769).

ISSN: 0093-7754 CODEN: SOLGAV

CY United States

DT Journal; General Review

FS 016 Cancer

032 Psychiatry

037 Drug Literature Index

LA English

CT Medical Descriptors:

*anxiety neurosis: DT, drug therapy

*delirium: DT, drug therapy

*depression: DT, drug therapy

behavior therapy

cancer pain

electroconvulsive therapy

mental disease

priority journal

quality of life

review

suicide

Drug Descriptors:

*amfebutamone: DT, drug therapy

*amitriptyline: DT, drug therapy

*amoxapine

*antidepressant agent: DT, drug therapy

*desipramine: DT, drug therapy

*dexamphetamine

*doxepin: DT, drug therapy

*fluoxetine: DT, drug therapy

*imipramine: DT, drug therapy

*maprotiline

*mianserin

*nortriptyline: DT, drug therapy

*paroxetine

*sertraline

*trazodone: DT, drug therapy

*tricyclic antidepressant agent: DT, drug therapy

alprazolam: DT, drug therapy

benzodiazepine derivative: DT, drug therapy

chlorpromazine: DT, drug therapy

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clonazepam: DT, drug therapy
 diazepam: DT, drug therapy
 droperidol: DT, drug therapy
 haloperidol: DT, drug therapy
 hydroxyzine: DT, drug therapy
 levomepromazine: DT, drug therapy
 lithium carbonate: DT, drug therapy
 lorazepam: DT, drug therapy
 methylphenidate: DT, drug therapy
 midazolam: DT, drug therapy
 molindone: DT, drug therapy
 monoamine oxidase inhibitor: DT, drug therapy
 morphine derivative: DT, drug therapy
 neuroleptic agent: DT, drug therapy
 oxazepam: DT, drug therapy
 pemoline: DT, drug therapy
 thioridazine: DT, drug therapy

RN (amfebutamone) 31677-93-7, 34911-55-2; (amitriptyline)
 50-48-6, 549-18-8; (amoxapine) 14028-44-5; (desipramine) 50-47-5, 58-28-6;
 (dexamphetamine) 1462-73-3, 51-63-8, 51-64-9; (doxepin) 1229-29-4,
 1668-19-5; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (imipramine)
 113-52-0, 50-49-7; (maprotiline) 10262-69-8, 10347-81-6; (mianserin)
 21535-47-7, 24219-97-4; (nortriptyline) 72-69-5, 894-71-3; (paroxetine)
 61869-08-7; (sertraline) 79617-96-2; (trazodone) 19794-93-5, 25332-39-2;
 (alprazolam) 28981-97-7; (chlorpromazine) 50-53-3, 69-09-0; (clonazepam)
 1622-61-3; (diazepam) 439-14-5; (droperidol) 548-73-2; (haloperidol)
 52-86-8; (hydroxyzine) 2192-20-3, 64095-02-9, 68-88-2; (levomepromazine)
 1236-99-3, 60-99-1, 7104-38-3; (lithium carbonate) 554-13-2; (lorazepam)
 846-49-1; (methylphenidate) 113-45-1, 298-59-9; (midazolam) 59467-70-8;
 (molindone) 15622-65-8, 7416-34-4; (oxazepam) 604-75-1; (pemoline)
 2152-34-3; (thioridazine) 130-61-0, 50-52-2

L36 ANSWER 59 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 94283631 EMBASE

DN 1994283631

TI **Bupropion** in chronic low back pain [1].

AU Davidson J.R.T.; France R.D.

SO Journal of Clinical Psychiatry, (1994) 55/8 (362).

ISSN: 0160-6689 CODEN: JCLPDE

CY United States

DT Journal; Letter

FS 008 Neurology and Neurosurgery

032 Psychiatry

037 Drug Literature Index

LA English

CT Medical Descriptors:

*low back pain: DT, drug therapy

*low back pain: DI, diagnosis

*low back pain: TH, therapy

adult

case report

clinical trial

echography

female

hamilton scale

heating

human

letter

male

priority journal

self evaluation

somatization

Drug Descriptors:

*amfebutamone: DT, drug therapy

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dextropropoxyphene napsilate: DT, drug therapy
doxepin: DT, drug therapy
paracetamol: DT, drug therapy
RN (amfebutamone) 31677-93-7, 34911-55-2;
(dextropropoxyphene napsilate) 17140-78-2; (doxepin) 1229-29-4, 1668-19-5;
(paracetamol) 103-90-2

L36 ANSWER 60 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 94109065 EMBASE
DN 1994109065
TI **Bupropion** overdose and seizure.
AU Storror A.B.
CS Department of Emergency Medicine, Wilford Hall Medical Center/PSAE,
Lackland Air Force Base, 2200 Berquist Dr, San Antonio, TX 78236-5300,
United States
SO American Journal of Emergency Medicine, (1994) 12/2 (183-184).
ISSN: 0735-6757 CODEN: AJEMEN
CY United States
DT Journal; Article
FS 006 Internal Medicine
037 Drug Literature Index
LA English
SL English
AB There is little experience with overdose of the relatively new
antidepressant **bupropion**. The case of an 18-year-old healthy
adult female patient after an intentional ingestion of 9 g of
bupropion is presented. Her hospital course was significant for
grand mal seizures, sinus tachycardia without conduction abnormality, and
complete neurological recovery. The first **pure bupropion**
overdose in the emergency medicine literature is presented, and the
literature pertinent to emergent management of this new antidepressant is
reviewed.
CT Medical Descriptors:
*seizure: CO, complication
*seizure: DT, drug therapy
*seizure: ET, etiology
adult
article
case report
drug overdose
female
grand mal epilepsy: ET, etiology
human
intoxication
priority journal
sinus tachycardia: ET, etiology
Drug Descriptors:
*amfebutamone: TO, drug toxicity
*diazepam: DT, drug therapy
RN (amfebutamone) 31677-93-7, 34911-55-2; (diazepam)
439-14-5

L36 ANSWER 61 OF 93 MEDLINE DUPLICATE 12
AN 94299905 MEDLINE
DN 94299905
TI Comparison of **bupropion** and trazodone for the treatment of major
depression.
AU Weisler R H; Johnston J A; Lineberry C G; Samara B; Branconnier R J;
Billow A A
CS Department of Psychiatry, Duke University, Durham, North Carolina..
SO JOURNAL OF CLINICAL PSYCHOPHARMACOLOGY, (1994 Jun) 14 (3) 170-9.
Journal code: HUD. ISSN: 0271-0749.
CY United States
DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)

LA English
FS Priority Journals
EM 199410
AB **Bupropion** and trazodone were compared in a two-center, double-blind clinical trial of outpatients with moderate to severe major depression. After a 1-week placebo lead-in, 124 patients were randomly assigned to receive either **bupropion** (N = 63) or trazodone (N = 61) for 6 weeks; data from 111 patients were used in the efficacy analysis. Dosing ranged from 225 to 450 mg/day for **bupropion** and 150 to 400 mg/day for trazodone. The overall efficacy for each of the two drugs was similar; although improvement in the trazodone treatment group was significantly greater on day 7 because of the effects on sleep. At the end of treatment, 58% of the **bupropion**-treated patients and 46% of the trazodone-treated patients were considered much or very much improved. Weight measurements at the time of discontinuation indicated a 2.5-lb mean **weight loss** for the **bupropion** treatment group and a 1.2-lb mean weight gain for the trazodone treatment group. The adverse experience profiles for **bupropion** and trazodone were consistent with their known pharmacologic profiles (i.e., activating versus sedating). Anorexia and anxiety were reported significantly more often for the **bupropion** treatment group, whereas somnolence, appetite increase, and edema were reported significantly more often for the trazodone treatment group.

CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't
Adult
 Bupropion: AE, adverse effects
 ***Bupropion: TU, therapeutic use**
 ***Depressive Disorder: DT, drug therapy**
 Double-Blind Method
 Drug Administration Schedule
 Trazodone: AE, adverse effects
 ***Trazodone: TU, therapeutic use**

RN 19794-93-5 (Trazodone); 34841-39-9 (**Bupropion**)

L36 ANSWER 62 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 94053901 EMBASE
DN 1994053901
TI **Bupropion** overdose: A 3-year multi-center retrospective analysis.
AU Spiller H.A.; Ramoska E.A.; Krenzelok E.P.; Sheen S.R.; Borys D.J.; Villalobos D.; Muir S.; Jones-Easom L.
CS Emergency Services, Methodist Hospital, 2301 S Broad St, Philadelphia, PA 19148, United States
SO American Journal of Emergency Medicine, (1994) 12/1 (43-45).
ISSN: 0735-6757 CODEN: AJEMEN
CY United States
DT Journal; Article
FS 006 Internal Medicine
032 Psychiatry
037 Drug Literature Index
052 Toxicology

LA English
SL English
AB **Bupropion** (Wellbutrin; Burroughs Wellcome Co, Research Triangle Park, NC) is a unique monocyclic antidepressant about which there is limited overdose information. A retrospective analysis of all **bupropion** ingestions reported to five regional poison control centers from 1989 through 1991 was conducted. There were 58 cases of **bupropion** ingestion and nine cases of combined **bupropion** and benzodiazepine ingestion. Sinus tachycardia was the only toxic

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cardiovascular effect noted, except for one case of hypotension in the **bupropion** and benzodiazepine group. Neurological toxicity was commonly encountered and included lethargy, tremors, and seizures. Both benzodiazepines and phenytoin were efficacious in controlling seizures. Five cases of **pure bupropion** overdose had electrolytes reported. Serum potassium ranged from 2.6 to 4.2 mEq/L (mean, 3.3 mEq/L). In overdose, **bupropion** seems to lack major cardiovascular toxicity; however, it does manifest significant neurological toxicity.

CT Medical Descriptors:

*depression
 *drug overdose: DI, diagnosis
 *drug overdose: ET, etiology
 *drug overdose: TH, therapy
 adolescent
 adult
 aged
 anticonvulsant therapy
 article
 cardiotoxicity: ET, etiology
 child
 drug efficacy
 female
 human
 hypotension: ET, etiology
 lethargy: ET, etiology
 major clinical study
 male
 multicenter study
 neurotoxicity: ET, etiology
 poison center
 potassium blood level
 priority journal
 retrospective study
 seizure: ET, etiology
seizure: DT, drug therapy
 sinus tachycardia: ET, etiology
 stomach lavage
 tremor: ET, etiology

Drug Descriptors:

*amfebutamone: TO, drug toxicity
 *benzodiazepine: CB, drug combination
 *benzodiazepine: DT, drug therapy
 *benzodiazepine: TO, drug toxicity
 *diazepam: DT, drug therapy
 *diazepam: TO, drug toxicity
 *lorazepam: DT, drug therapy
 *phenytoin: CB, drug combination
 *phenytoin: DT, drug therapy
 anticonvulsive agent: DT, drug therapy

RN (amfebutamone) 31677-93-7, 34911-55-2;
 (benzodiazepine) 12794-10-4; (diazepam) 439-14-5; (lorazepam) 846-49-1;
 (phenytoin) 57-41-0, 630-93-3

CN (1) Wellbutrin

CO (1) Burroughs wellcome (United States)

L36 ANSWER 63 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD

AN 93-368392 [46] WPIDS

DNC C93-163441

TI Treatment of the negative symptoms in schizophrenia patients - using dopamine and/or noradrenergic re-uptake inhibitors e.g. mazindol.

DC B02 B05

IN CHARNEY, D S; KRYSTAL, J H; SEIBYL, J P

PA (UYYA) UNIV YALE

CYC 20

PI WO 9321917 A1 931111 (9346)* EN 19 pp A61K031-415
 RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL PT SE
 W: AU CA JP
 AU 9342386 A 931129 (9411) A61K031-415
 US 5447948 A 950905 (9541) 5 pp A61K031-415
 ADT WO 9321917 A1 WO 93-US4331 930507; AU 9342386 A AU 93-42386 930507; US
 5447948 A US 92-880127 920507
 FDT AU 9342386 A Based on WO 9321917
 PRAI US 92-880127 920507
 REP 1.Jnl.Ref ; US 5177081; US 5190965
 IC ICM A61K031-415
 ICS A61K031-445
 AB WO 9321917 A UPAB: 940103
 Treatment of the negative symptoms of schizophrenia using a dopamine
 and/or noradrenergic reuptake inhibitor is new.
 USE/ADVANTAGE - Non-reinforcing dopamien reuptake inhibitors (I) e.g.
 mazindol which bind to the dopamine reuptake protein can be used to treat
 schizophrenic patients suffering from negative symptoms (cause dby
 dopamien defficiency), or those whose treatment with antipsychotics (to
 reduce dopamine levels) for positive symptoms results in the appearance of
 negative symptoms. Where it is possible that increased dopamine levels
 will induce positive symptoms, antipsychotic agents may be use din a
 combined prepn. designed to balance the conflicting dopamine requirements.
 Treatment is prophylactic or therapeutic.
 Dwg.0/0
 FS CPI
 FA AB; DCN
 MC CPI: B04-A01; B06-D16; B07-D05; B10-B03B; B12-C10; B12-E06

 L36 ANSWER 64 OF 93 MEDLINE DUPLICATE 13
 AN 94367167 MEDLINE
 DN 94367167
 TI Report on efficacy of treatments for bipolar disorder.
 AU Gelenberg A J; Hopkins H S
 CS Department of Psychiatry, College of Medicine, University of Arizona,
 Tucson 85724.
 SO PSYCHOPHARMACOLOGY BULLETIN, (1993) 29 (4) 447-56. Ref: 74
 Journal code: QG1. ISSN: 0048-5764.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LA English
 EM 199412
 AB Nearly one percent of adults in the United States suffer from bipolar
disorder, a severe, **chronic**, and life-threatening
 disease. This **disorder** involves periodic episodes of mania and
 depression. At least 80 percent of patients who have an initial episode of
 mania will have one or more subsequent episodes. Because recurring
 episodes have a cumulative deteriorative effect on functioning and
 treatment response, the sooner bipolar patients are diagnosed and treated,
 the better their changes are for recovery. With optimal treatment, a
 bipolar patient can regain approximately 7 years of life, 10 years of
 effective major activity, and 9 years of normal health, which otherwise
 would have been lost due to the illness. For treatment purposes, bipolar
disorder is divided into three stages: acute mania, acute
 depression, and maintenance. Lithium is the standard treatment for acute
 mania, and its effectiveness is solidly supported by experimental
 evidence. Rigorous studies over the past 40 years involving hundreds of
 patients have repeatedly shown the efficacy of lithium therapy, with
 approximately 80 percent of subjects responding favorably. For those who
 do not, several other drugs and nonpharmacologic therapies are available
 that have shown high success rates in well-standardized trials. The
 anticonvulsant drug carbamazepine has been associated with improved
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symptoms in approximately 60 percent to 70 percent of subjects in double-blind trials comparing it against placebo, neuroleptics, and/or lithium. Valproate, another anticonvulsant, has been shown to be comparable to lithium and superior to placebo in treating acute mania in several double-blind, placebo-controlled trials. Electroconvulsive therapy (ECT) is another effective treatment for acute mania, with a positive response rate of approximately 80 percent. Acute bipolar depression has been successfully treated with a number of agents, including monoamine oxidase inhibitors (e.g., tranylcypromine), lithium, tricyclic antidepressants, and second-generation antidepressants (e.g., **bupropion**). Nonpharmacologic approaches such as ECT, sleep deprivation, and light therapy have been effective as supplemental therapy in many patients. For maintenance therapy, lithium is again the drug of choice. Clinical research has shown that maintenance lithium lessens the frequency and severity of episodes of mania and depression in bipolar patients and helps stabilize mood between episodes. Long-term lithium treatment also reduces the risk of mortality for bipolar patients: without treatment, mortality is two to three times higher than that of the general population; with treatment, it is not significantly different. Several other drugs have been studied as alternatives or adjuncts to lithium therapy. (ABSTRACT TRUNCATED AT 400 WORDS)

CT Check Tags: Human

Bipolar Disorder: DT, drug therapy

*Bipolar Disorder: TH, therapy

Depressive Disorder: DT, drug therapy

Depressive Disorder: TH, therapy

Treatment Outcome

L36 ANSWER 65 OF 93 HCAPLUS COPYRIGHT 1999 ACS

AN 1994:400675 HCAPLUS

DN 121:675

TI Canine cataplexy is preferentially controlled by adrenergic mechanisms: evidence using monoamine selective uptake inhibitors and release enhancers

AU Mignot, Emmanuel; Renaud, Alain; Nishino, Seiji; Arrigoni, Janis; Guilleminault, Christian; Dement, William C.

CS Sch. Med., Stanford Univ., Palo Alto, CA, 94304, USA

SO Psychopharmacology (Berlin) (1993), 113(1), 76-82

CODEN: PSCHDL; ISSN: 0033-3158

DT Journal

LA English

CC 1-11 (Pharmacology)

Section cross-reference(s): 14

AB **Narcolepsy** is currently treated with antidepressants to control REM-related symptoms such as cataplexy and with amphetamine-like stimulants for the management of sleepiness. Both stimulant and antidepressant drugs presynaptically enhance monoaminergic transmission but both classes of compds. lack pharmacol. specificity. In order to det. which monoamine is selectively involved in the therapeutic effect of these compds., the authors examd. the effects of selective monoamine uptake inhibitors and release enhancers on cataplexy using a canine model of the human disorder. A total of 14 compds. acting on the adrenergic (desipramine, nisoxetine, nortriptyline, tomoxetine, viloxazine), serotonergic (fenfluramine, fluoxetine, indalpine, paroxetine, zimelidine) and dopaminergic (amfonelic acid, amineptine, **bupropion**, GBR 12909) systems were tested. Some addnl. compds. interesting clin. but with less pharmacol. selectivity, i.e., cocaine, dextroamphetamine, methylphenidate, nomifensine and pemoline, were also included in the study. All compds. affecting noradrenergic transmission completely suppressed canine cataplexy at low doses in all dogs tested, whereas compds. which predominantly modified serotonergic and dopaminergic transmission were either inactive or partially active at high doses. The authors' results demonstrate the preferential involvement of adrenergic systems in the control of cataplexy and, presumably, REM sleep atonia. The authors' findings also demonstrate that canine

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narcolepsy is a useful tool in assessing the pharmacol. specificity of antidepressant drugs.

ST antidepressant cataplexy presynaptic adrenergic neurotransmission;
narcolepsy antidepressant presynaptic adrenergic neurotransmission

IT **Narcolepsy**
 (antidepressants effects on, presynaptic adrenergic neurotransmission in)

IT Antidepressants
 (cataplexy response to)

IT Nervous system
 (disease, cataplexy, antidepressants effects on, presynaptic adrenergic neurotransmission in)

IT Neurotransmission
 (presynaptic, adrenergic, cataplexy control by, antidepressants specificity in relation to)

IT 50-36-2, Cocaine 50-47-5, Desipramine 51-64-9, Dextroamphetamine 72-69-5, Nortriptyline 113-45-1, Methylphenidate 458-24-2, Fenfluramine 2152-34-3, Pemoline 15180-02-6, Amfonelic acid 24526-64-5, Nomifensine 34911-55-2, **Bupropion** 46817-91-8, Viloxazine 53179-07-0, Nisoxetine 54910-89-3, Fluoxetine 56775-88-3, Zimelidine 57574-09-1, Amineptine 61869-08-7, Paroxetine 63758-79-2, Indalpine 67469-78-7, GBR 12909 83015-26-3, Tomoxetine

RL: BAC (Biological activity or effector, except adverse); BIOL (Biological study)
 (cataplexy response to)

L36 ANSWER 66 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 93044224 EMBASE

DN 1993044224

TI [Medication for anorexia and bulimia nervosa: A review].

DIE MEDIKAMENTÖSE BEHANDLUNG VON ANOREXIA UND BULIMIA NERVOSA. EINE ÜBERSICHT.

AU Fichter M.M.

CS Mediz.-Psychosomat. Klinik Roseneck, Am Roseneck 6, W-82100 Prien/Chiemsee, Germany

SO Nervenarzt, (1993) 64/1 (21-35).

ISSN: 0028-2804 CODEN: NERVAF

CY Germany

DT Journal; General Review

FS 003 Endocrinology

008 Neurology and Neurosurgery

030 Pharmacology

037 Drug Literature Index

LA German

SL English; German

AB With the apparent increase in prevalence of anorexic and bulimic eating disorders, the search for effective treatments for these disorders has been intensified in recent years. In this review the results of psychopharmacological studies of patients with anorexia or bulimia nervosa are presented and analysed. The focus of this review is on controlled studies. Although a variety of psychopharmacological substances has been tested in patients with anorexia nervosa, the outcome of controlled studies has been generally disappointing. A possible differential therapy effect of cyproheptadine needs replication: in one study it enhanced body weight gain in non-bulimic anorexics, while it appeared to hinder weight gain in bulimic anorexics. The issue of prophylaxis of osteoporosis in chronic low-weight anorexics has received increasing attention in recent years, and pharmacological prophylaxis appears indicated in this patient group. The results of psychopharmacological treatment studies of patients with bulimia nervosa have overall been more favourable than those of anorexic patients. Statistically significant effects concerning the reduction of bulimic or depressive symptoms in bulimia nervosa has been demonstrated for tricyclic antidepressants (imipramine, desipramine), serotonergic agents

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(fluoxetine, d-fenfluramine), non-selective monoamine-oxydase-inhibitors (isocarboxazide, phenelzine) and trazodone. The antibulimic effect appears not to be associated with the antidepressant effect. Theoretical, methodological and practical issues concerning pharmacological treatment of anorexic and bulimic eating disorders are presented and discussed.

CT Medical Descriptors:

*anorexia nervosa: DT, drug therapy

*bulimia: DT, drug therapy

human

review

Drug Descriptors:

*amfebutamone: DT, drug therapy

*amitriptyline: DT, drug therapy

*carbamazepine: DT, drug therapy

*ciproheptadine: DT, drug therapy

*desipramine: DT, drug therapy

*dexfenfluramine: DT, drug therapy

*domperidone: DT, drug therapy

*fluoxetine: DT, drug therapy

*fluvoxamine: DT, drug therapy

*imipramine: DT, drug therapy

*isocarboxazid: DT, drug therapy

*lithium carbonate: DT, drug therapy

*metoclopramide: DT, drug therapy

*mianserin: DT, drug therapy

*naloxone: DT, drug therapy

*naltrexone: DT, drug therapy

*phenelzine: DT, drug therapy

*phenytoin: DT, drug therapy

*tranylcypromine: DT, drug therapy

*trazodone: DT, drug therapy

*valproic acid: DT, drug therapy

RN (amfebutamone) 31677-93-7, 34911-55-2; (amitriptyline) 50-48-6, 549-18-8; (carbamazepine) 298-46-4, 8047-84-5; (ciproheptadine) 129-03-3, 969-33-5; (desipramine) 50-47-5, 58-28-6; (dexfenfluramine) 3239-44-9, 3239-45-0; (domperidone) 57808-66-9; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (fluvoxamine) 54739-18-3; (imipramine) 113-52-0, 50-49-7; (isocarboxazid) 59-63-2; (lithium carbonate) 554-13-2; (metoclopramide) 12707-59-4, 2576-84-3, 364-62-5, 7232-21-5; (mianserin) 21535-47-7, 24219-97-4; (naloxone) 357-08-4, 465-65-6; (naltrexone) 16590-41-3, 16676-29-2; (phenelzine) 156-51-4, 51-71-8; (phenytoin) 57-41-0, 630-93-3; (tranylcypromine) 13492-01-8, 155-09-9, 54-97-7; (trazodone) 19794-93-5, 25332-39-2; (valproic acid) 1069-66-5, 99-66-1

L36 ANSWER 67 OF 93 MEDLINE

AN 93155004 MEDLINE

DN 93155004

TI Psychotropic treatment of chronic fatigue syndrome and related disorders.

AU Goodnick P J; Sandoval R

CS Department of Psychiatry, University of Miami, FL 33136..

SO JOURNAL OF CLINICAL PSYCHIATRY, (1993 Jan) 54 (1) 13-20. Ref: 46

Journal code: HIC. ISSN: 0160-6689.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)

(REVIEW, TUTORIAL)

LA English

FS Priority Journals

EM 199305

AB BACKGROUND: Chronic fatigue syndrome (CFS) and fibromyalgia frequently are associated with symptoms of major depression. For this reason, antidepressants have been used in treatment

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of these disorders; however, little direction has been provided into this application in psychopharmacology. METHOD: First, nine studies were reviewed regarding the relationship of the symptoms of **fatigue** and depression. Next, 23 reports (12 double-blind studies, 7 open studies, and 4 case reports) were reviewed for the effectiveness of therapy as assessed by global response and improvement of both depression and **pain**. Studies were differentiated by type of controls, as well as by alleged mechanism of action of the pharmacologic agent. RESULTS: Disturbances in brain neurochemistry shared by CFS and major depression may serve as a basis for the effectiveness of some antidepressants in CFS. Response to some antidepressants in patients with CFS or **fibromyalgia** may occur at doses lower than those used in major depression, e.g., amitriptyline 25-75 mg/day. We further found that the more serotonergic treatments (e.g., clomipramine) were more successful in alleviating **pain** than depression, whereas catecholaminergic agents (e.g., maprotiline, **bupropion**) seemed particularly effective for symptoms of associated depression. CONCLUSION: To maximize response of the physiologic and psychological consequences of the **disorder**, more investigation is needed to replicate the apparent findings that relate the neurochemical impairment underlying CFS and **fibromyalgia** to the type of antidepressant mechanism.

CT Check Tags: Human

Amitriptyline: AA, analogs & derivatives

Amitriptyline: TU, therapeutic use

Antidepressive Agents, Tricyclic

Comorbidity

Depressive Disorder: DT, drug therapy

Depressive Disorder: EP, epidemiology

*Fatigue Syndrome, Chronic: DT, drug therapy

Fatigue Syndrome, Chronic: EP, epidemiology

*Fibromyalgia: DT, drug therapy

Fibromyalgia: EP, epidemiology

Lithium Carbonate: TU, therapeutic use

*Psychotropic Drugs: TU, therapeutic use

S-Adenosylmethionine: TU, therapeutic use

5-Hydroxytryptophan: TU, therapeutic use

RN 29908-03-0 (S-Adenosylmethionine); 303-53-7 (cyclobenzaprine); 50-48-6 (Amitriptyline); 554-13-2 (Lithium Carbonate); 56-69-9 (5-Hydroxytryptophan)

CN 0 (Antidepressive Agents, Tricyclic); 0 (Psychotropic Drugs)

L36 ANSWER 68 OF 93 HCAPLUS COPYRIGHT 1999 ACS

AN 1993:45784 HCAPLUS

DN 118:45784

TI A controlled, sustained-release delivery system for treating drug dependency

IN Kitchell, Judith P.; Muni, Indu A.; Boyer, Yvonne N.

PA Dynagen, Inc., USA

SO PCT Int. Appl., 67 pp.

CODEN: PIXXD2

DT Patent

LA English

IC ICM A61K009-16

ICS A61K009-70

CC 63-6 (Pharmaceuticals)

Section cross-reference(s): 4

FAN.CNT 7

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9219226	A1	19921112	WO 92-US3859	19920507
	W: AU, CA, FI, HU, JP, KR, NO				
	RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, MC, NL, SE				
	CA 2102507	AA	19921108	CA 92-2102507	19920507
	AU 9221548	A1	19921221	AU 92-21548	19920507

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	HU 69390	A2	19950928	HU 93-3146	19920507
	US 5486362	A	19960123	US 93-140280	19931021
PRAI	US 91-696637		19910507		
	US 92-880959		19920507		
	WO 92-US3859		19920507		

AB A drug delivery system useful in treating an individual for drug dependence is described. One embodiment of the system is useful for aiding individuals in the cessation of **smoking** or chewing nicotine-contg. products. The delivery system includes a phys. constraint modulation system (PCMS) contg. lobeline (I). The drug delivery system is capable of delivering I to an individual in a controlled, sustained-release manner and providing long-term therapeutic levels of I to the individual. The delivery of I in such a manner reduces or eliminates the individual's **smoking** or chewing habit. The PCMS may be a biodegradable polymer contg. the I capable of s.c. or i.m. injection or implantation into the individual or may be a part of a transdermal patch contg. I. Also described are methods of using the drug delivery systems in treating other drug dependencies and kits contg. the drug delivery systems. A suspension formulation for s.c. administration was prepd. which included lactic acid-glycolic acid copolymer microparticles contg. 35 wt.% I. In tests with volunteers, the formulation substantially decreased the no. of cigarettes smoked.

ST drug dependence treatment delivery system; phys constraint modulation system drug dependence; lobeline microparticle suspension **smoking** treatment; transdermal patch drug dependence; injection pharmaceutical drug dependence

IT Peptides, biological studies
Polyanhydrides
Polyesters, biological studies
Proteins, biological studies
RL: BIOL (Biological study)
(for phys. constraint modulation system for drug dependence treatment)

IT Pruritus
(inhibitors of, in transdermal patch phys. constraint modulation system for drug dependence treatment)

IT Hypnotics and Sedatives
(nonopiate, drug for treatment of dependence on, in transdermal patch phys. constraint modulation system for drug dependence treatment)

IT Drug dependence
(treatment of, drug substitute-contg. sustained-release delivery system for)

IT Tobacco smoke and **smoking**
(treatment of, lobeline-contg. microparticle delivery system for)

IT Pharmaceutical dosage forms
(implants, controlled-release, drug substitute in, for drug dependence treatment)

IT Pharmaceutical dosage forms
(injections, i.m., drug substitute in, for drug dependence treatment)

IT Pharmaceutical dosage forms
(injections, s.c., drug substitute in, for drug dependence treatment)

IT Particles
(micro-, of biodegradable polymer, for phys. constraint modulation system for drug dependence treatment)

IT Pharmaceutical dosage forms
(sustained-release, drug substitute in, for drug dependence treatment)

IT Pharmaceutical dosage forms
(transdermal, drug substitute in, for drug dependence treatment)

IT 50-36-2, Cocaine 64-17-5, Ethanol, biological studies 561-27-3, Heroin 12794-10-4, Benzodiazepine
RL: BIOL (Biological study)
(dependence on, treatment of, drug delivery system for)

IT 53-84-9, Nadide 97-77-8, Disulfiram 8013-88-5, Calcium cyanamide citrated 21721-92-6 36505-84-7, Buspirone 99614-02-5, Ondansetron
RL: BIOL (Biological study)

(drug delivery system contg., for alc. dependence treatment)
 IT 17617-23-1, Flurazepam 23887-31-2
 RL: BIOL (Biological study)
 (drug delivery system contg., for benzodiazepine dependence treatment)
 IT 50-47-5, Desipramine 298-46-4, Carbamazepine 2709-56-0, Flupenthixol
 10262-69-8 22232-71-9, Mazindol 25614-03-3, Bromocriptine
 34911-55-2, Amfebutamone 54910-89-3, Fluoxetine 83928-76-1,
 Gepirone
 RL: BIOL (Biological study)
 (drug delivery system contg., for cocaine dependence treatment)
 IT 125-58-6 297-88-1, dl-Methadone 1477-40-3, Levo-.alpha.-acetylmethadol
 16590-41-3, Naltrexone 52485-79-7, Buprenorphine
 RL: BIOL (Biological study)
 (drug delivery system contg., for heroin dependence treatment)
 IT 50-06-6, biological studies 58-25-3, Chlorodiazepoxide 439-14-5,
 Diazepam
 RL: BIOL (Biological study)
 (drug delivery system contg., for nonopiate sedative dependence
 treatment)
 IT 90-69-7, Lobeline 134-64-5, Lobeline sulfate
 RL: BIOL (Biological study)
 (drug delivery system contg., for smoking dependence
 treatment)
 IT 26009-03-0, Poly(glycolic acid) 26023-30-3, Poly[oxy(1-methyl-2-oxo-1,2-
 ethanediyl)] 26100-51-6, Poly(lactic acid) 26124-68-5, Poly(glycolic
 acid)
 RL: BIOL (Biological study)
 (for phys. constraint modulation system for drug dependence treatment)
 IT 34346-01-5, Lactic acid-glycolic acid copolymer
 RL: BIOL (Biological study)
 (transdermal patches for smoking dependence treatment contg.
 lobeline and)

L36 ANSWER 69 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD
 AN 92-433345 [52] WPIDS
 DNC C92-192347
 TI Use of type B mono amine oxidase inhibitors e.g. L-deprenyl - for treating
 withdrawal symptoms and preventing or reducing craving for cocaine,
addictive opiate(s), alcohol or nicotine.
 DC B05
 IN BELENDIUK, G W
 PA (PHAR-N) PHARMAVENE INC
 CYC 17
 PI WO 9221333 A2 921210 (9252)* EN 10 pp A61K031-135
 RW: AT BE CH DE DK ES FR GB GR IT LU MC NL SE
 W: AU CA JP
 AU 9219925 A 930108 (9315) A61K031-135
 WO 9221333 A3 930107 (9512) A61K031-135
 ADT WO 9221333 A2 WO 92-US3702 920504; AU 9219925 A AU 92-19925 920504, WO
 92-US3702 920504; WO 9221333 A3 WO 92-US3702 920504
 FDT AU 9219925 A Based on WO 9221333
 PRAI US 91-705085 910524
 REP No-SR.Pub ; 2.Jnl.Ref
 IC ICM A61K031-135
 AB WO 9221333 A UPAB: 931118
 A method of treating withdrawal symptoms and preventing or reducing
 craving for cocaine is new. The method comprises administering a Type B
 monoamine oxidase inhibitor. The method in which the Type B monoamine
 oxidase inhibitor is L-deprenyl.

USE - The method is useful for controlling withdrawal symptoms (e.g.
 drug craving, depression, irritability, anergia, amotivation, appetite
 changes, nausea, shaking, psychomotoric retardation and irregular sleep
 patterns) associated with addictive psychostimulants (e.g. cocaine,
 amphetamines, methamphetamines, dextroamphetamines, chlorphentermine,

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methylphenidate, pipradol, p-hydroxymorphedrine, fenfluramine, 1-(2,5-dimethoxy-4-methylphenyl)-2-aminopropane, **bupropion** and pemoline), additive opiates (e.g. opium, morphine and heroin), addictive narcotics (e.g. alphaprodine, anileridine, bezitramide, codeine, dihydrocodeine, diphenoxylate, fentanyl, hydrocodone, hydromorphone, isomethadone, levomethorphan, levorphanol, metazocine, methadone, metopon, oxycodone, oxymorphone, pethidine, phenazocine, piminodine, racemethorphan, racemorphan and thebaine), additive barbiturates (e.g. allobarbitol, amylbarbitol, butabarbital, hexabarbital, mephobarbital, methohexital, pentobarbital, phenobarbital, phenethylbarbital, secobarbital, talbutal and thiopental), alcohol and nicotine. The monoamine oxidase inhibitor is administered at 0.05-20 mg/day (pref. 5-10 mg/day) in single or divided doses by oral, parental or transdermal routes
Dwg.0/0

FS CPI
FA AB; DCN
MC CPI: B10-B04B; B12-G01B1; B12-J05

L36 ANSWER 70 OF 93 MEDLINE DUPLICATE 14
AN 93081628 MEDLINE
DN 93081628

TI **Bupropion** treatment of fluoxetine-resistant chronic fatigue syndrome.

AU Goodnick P J; Sandoval R; Brickman A; Klimas N G
CS Department of Psychiatry, University of Miami, Florida 33136..
SO BIOLOGICAL PSYCHIATRY, (1992 Nov 1) 32 (9) 834-8.
Journal code: A3S. ISSN: 0006-3223.

CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199303

AB **Chronic fatigue syndrome (CFS)** includes many symptoms of major depression. For this reason, many antidepressants have been used to treat the symptoms of this disorder. Among the more recently released antidepressants are fluoxetine and **bupropion**. In this open study, nine CFS patients who either could not tolerate or did not respond to fluoxetine showed significant response when administered 300 mg/day of **bupropion** for an 8-week period in both rating of HDRS ($t = 4.80$, $p < 0.01$) and BDI ($t = 2.48$, $p < 0.05$). Furthermore, **bupropion** improvement in Hamilton Depression Rating Scale correlated significantly with change in plasma homovanillic acid (HVA) ($r = 0.96$, $p < 0.01$). Plasma total methylhydroxyphenylglycol (MHPG) also increased significantly during **bupropion** treatment ($t = 2.37$, $p = 0.05$). Measures of T1 microsomal antibodies also decreased over treatment time; increases in natural killer cell numbers correlated inversely with change in plasma levels of free MHPG ($r = -0.88$, $p < 0.05$). **Bupropion** responders were more likely to have trough blood levels above 30 ng/ml ($\chi^2 = 3.6$, $p = 0.05$).

CT Check Tags: Female; Human; Male
Adult

***Bupropion**: AD, administration & dosage
Depressive Disorder: DT, drug therapy
Depressive Disorder: PX, psychology
***Fatigue Syndrome, Chronic**: DT, drug therapy
Fatigue Syndrome, Chronic: PX, psychology
***Fluoxetine**: AD, administration & dosage
Follow-Up Studies
Homovanillic Acid: BL, blood
Immunity, Cellular: DE, drug effects
Methoxyhydroxyphenylglycol: BL, blood
Middle Age
Personality Inventory

RN 306-08-1 (Homovanillic Acid); 34841-39-9 (**Bupropion**); 534-82-7
KATHLEEN FULLER STIC LIBRARY 308-4290

(Methoxyhydroxyphenylglycol); 54910-89-3 (Fluoxetine)

L36 ANSWER 71 OF 93 MEDLINE
AN 93009695 MEDLINE
DN 93009695
TI A case of monthly unipolar psychotic depression with suicide attempt by self-burning: selective response to **bupropion** treatment.
AU Schenck C H; Mandell M; Lewis G M
CS Department of Psychiatry, Hennepin County Medical Center, Minneapolis, MN 55415..
SO COMPREHENSIVE PSYCHIATRY, (1992 Sep-Oct) 33 (5) 353-6.
Journal code: DO9. ISSN: 0010-440X.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199301
AB A second case of monthly, unipolar, psychotic depression is presented, involving a 26-year-old woman whose illness had a postpartum onset, recurred **premenstrually** for 33 consecutive months, and involved a suicide attempt by self-burning. Whereas various antidepressant, antipsychotic, and hormonal treatments were ineffective, **bupropion** (together with low-dose trifluoperazine) induced an immediate and complete remission that was maintained at a 16-month evaluation.
CT Check Tags: Case Report; Female; Human
Adult
***Bupropion**: TU, therapeutic use
Burns: PC, prevention & control
*Burns: PX, psychology
***Depressive Disorder**: DT, drug therapy
Depressive Disorder: PX, psychology
***Premenstrual Syndrome**: DT, drug therapy
Premenstrual Syndrome: PX, psychology
Psychiatric Status Rating Scales
***Psychotic Disorders**: DT, drug therapy
Psychotic Disorders: PX, psychology
***Puerperal Disorders**: DT, drug therapy
Puerperal Disorders: PX, psychology
***Self-Injurious Behavior**: DT, drug therapy
Self-Injurious Behavior: PX, psychology
Suicide, Attempted: PC, prevention & control
*Suicide, Attempted: PX, psychology
RN 34841-39-9 (**Bupropion**)

L36 ANSWER 72 OF 93 MEDLINE DUPLICATE 15
AN 92348332 MEDLINE
DN 92348332
TI The efficacy of **bupropion** in winter depression: results of an open trial.
AU Dilsaver S C; Qamar A B; Del Medico V J
CS Department of Psychiatry, Ohio State University, Columbus..
NC MH005503-05 (NIMH)
SO JOURNAL OF CLINICAL PSYCHIATRY, (1992 Jul) 53 (7) 252-5.
Journal code: HIC. ISSN: 0160-6689.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199211
AB BACKGROUND: **Seasonal affective disorder (SAD)** refers to regularly recurring episodes of affective illness bearing a fixed relationship to season. Wintertime depression is its most widely recognized form. This study was undertaken to assess the
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efficacy of **bupropion** as a treatment for this disorder

. METHOD: Fifteen consecutively presenting patients were treated with **bupropion** (200 to 400 mg/day). All met DSM-III-R criteria for major depression with a **seasonal** pattern. All were moderately to severely depressed. A modified version of the Hamilton Rating Scale for Depression (mHAM-D) including ratings of hypersomnia, increased appetite and carbohydrate craving, and weight gain was used to quantify the severity of illness. Up to 5 weeks of treatment was allowed before the subjects were categorized as nonresponders, partial responders, or responders. RESULTS: The mean +/- SD mHAM-D scores before and after treatment were 25.5 +/- 6.4 and 4.1 +/- 3.1, respectively. Ten (66.7%) of the subjects had a complete response to treatment (mHAM-D score less than or equal to 5). The other 5 (33.3%) had a partial response (mHAM-D score = 6-10). Five of the subjects had **chronic pain** and 3 had panic attacks restricted to episodes of depression. These problems resolved simultaneously with the symptoms of depression. CONCLUSION: The results of this open trial suggest that **bupropion** is an effective treatment for winter depression. However, controlled studies are required to confidently determine whether this is the case.

CT Check Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.
Adult

***Bupropion**: TU, therapeutic use

Circadian Rhythm

Middle Age

Psychiatric Status Rating Scales: SN, statistics & numerical data

***Seasonal Affective Disorder**: DT, drug therapy

Seasonal Affective Disorder: ET, etiology

Seasonal Affective Disorder: PX, psychology

RN 34841-39-9 (**Bupropion**)

L36 ANSWER 73 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 16

AN 1991:600985 HCAPLUS

DN 115:200985

TI Dopamine uptake inhibitors in reducing substance abuse and/or craving

IN Berger, Stephen Paul

PA Yale University, USA

SO PCT Int. Appl., 19 pp.

CODEN: PIXXD2

DT Patent

LA English

IC ICM A61K031-495

ICS A61K031-44; A61K031-425; A61K031-16

CC 4-3 (Toxicology)

Section cross-reference(s): 1

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9111184	A1	19910808	WO 91-US764	19910205
	W: CA, JP				
	RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, NL, SE				
	US 5217987	A	19930608	US 90-474618	19900205
PRAI	US 90-474618		19900205		
	US 89-428307		19891030		

AB Dopamine agonists such as mazindol (I), benztropine, and bupropion are effective for controlling craving for abused substances such as cocaine, nicotine, and heroin. For both the lessening of substance abuse and blocking substance-induced euphoria, administration may be performed before, during, or after craving incidences. Thus, the effect of I on cocaine craving was examd. with cocaine abusers; administration of 1-3 mg I/day significantly reduced craving for cocaine from the first day treatment.

ST dopamine agonist drug dependence control; mazindol cocaine abuse treatment

IT Drug dependence

(treatment of, dopamine agonists for)

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IT Neurotransmitter agonists
 (dopaminergic, drug dependence treatment with)
 IT 50-36-2, Cocaine 54-11-5, Nicotine 64-17-5, Ethanol,
 biological studies 300-62-9, Amphetamine 561-27-3, Heroin
 RL: BIOL (Biological study)
 (addiction to, treatment of, dopamine agonists for)
 IT 132-17-2, Benztropine 22232-71-9, Mazindol 34911-55-2
 RL: BIOL (Biological study)
 (drug dependence treatment with)

L36 ANSWER 74 OF 93 MEDLINE

AN 90328376 MEDLINE

DN 90328376

TI **Bupropion** in chronic fatigue syndrome
 [letter].

AU Goodnick P J

SO AMERICAN JOURNAL OF PSYCHIATRY, (1990 Aug) 147 (8) 1091.

Journal code: 3VG. ISSN: 0002-953X.

CY United States

DT Letter

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199011

CT Check Tags: Case Report; Female; Human

*Antidepressive Agents: TU, therapeutic use

Dose-Response Relationship, Drug

*Fatigue Syndrome, Chronic: DT, drug therapy

Fatigue Syndrome, Chronic: PX, psychology

Middle Age

*Propiophenones: TU, therapeutic use

RN **34841-39-9 (Bupropion)**

CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 75 OF 93 HCAPLUS COPYRIGHT 1999 ACS DUPLICATE 17

AN 1990:191980 HCAPLUS

DN 112:191980

TI Method of assisting **weight loss** by using combination
 of rauwolfia alkaloid and antidepressant(s)

IN Seed, John C.

PA USA

SO U.S., 7 pp.

CODEN: USXXAM

DT Patent

LA English

IC ICM A61K031-50

ICS A61K031-495; A61K031-44; A61K031-135

NCL 514252000

CC 1-11 (Pharmacology)

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 4895845	A	19900123	US 86-907837	19860915
AB	A combination of rauwolfia alkaloid and .gtoreq.1 antidepressant, selected from aminoazoles, phenoxyphenylpropylamines, and aminopropiophenones, optionally coadministered with .gtoreq.1 sympathomimetic anorexic agents, is used for assisting wt. loss. In a typical case, the combination of 25 mg reserpine/day and 200 mg trazodone/day given for 35 wk resulted in a wt. loss of 32.8 lb.				
ST	antiobesity reserpine antidepressant				
IT	Rauwolfia (alkaloids of, antiobesity agents contg. antidepressants and)				
IT	Antiobesity agents (antidepressants and rauwolfia alkaloids)				
IT	Antidepressants				

(**antiobesity** agents contg. rauwolfia alkaloids and)
 IT Alkaloids, biological studies
 RL: BIOL (Biological study)
 (of Rauwolfia, **antiobesity** agents contg. antidepressants and)
 IT 50-55-5, Reserpine
 RL: BIOL (Biological study)
 (**antiobesity** agents contg. antidepressants and)
 IT 19794-93-5, Trazodone 34911-55-2, **Bupropion**
 54910-89-3, Fluoxetine
 RL: BIOL (Biological study)
 (**antiobesity** agents contg. rauwolfia alkaloids and)

L36 ANSWER 76 OF 93 WPIDS COPYRIGHT 1999 DERWENT INFORMATION LTD
 AN 90-209314 [27] WPIDS
 CR 86-333528 [51]
 DNC C90-090437
 TI Treating psycho stimulant addiction - comprises administering dopamine
 agonist, e.g. levodopa, bromocriptine or bupropion.
 DC B05
 IN DACKIS, C A; GOLD, M S
 PA (DACK-I) DACKIS C A
 CYC 1
 PI US 4935429 A 900619 (9027)*
 ADT US 4935429 A US 88-260860 881021
 PRAI US 85-731102 850506; US 85-791188 851025; US 86-857690 860430;
 US 87-36602 870410; US 87-123013 871119; US 88-260860 881021
 IC A61K031-44
 AB US 4935429 A UPAB: 931202
 Treating psychostimulant addiction in a human comprises admin. a dopamine
 agonist.
 USE - The dopamine agonist inhibits or eliminates withdrawal symptoms
 in humans undergoing treatment for central or psychostimulant abuse and
 prevents craving after withdrawal. More partic. the withdrawal symptoms
 resulting from abrupt cessation of chronic high dose use can be eliminated
 or reduced. The method is esp. used to treat cocaine abuse. @ (5pp
 Dwg.No.0/1)
 0/1
 FS CPI
 FA AB; DCN
 MC CPI: B04-A03; B10-B02E; B10-B04; B12-G01; B12-J05

L36 ANSWER 77 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 90263416 EMBASE
 DN 1990263416
 TI **Bupropion** in chronic fatigue syndrome.
 AU Goodnick P.J.
 CS United States
 SO American Journal of Psychiatry, (1990) 147/8 (1091).
 ISSN: 0002-953X CODEN: AJPSAO
 CY United States
 DT Journal; Letter
 FS 032 Psychiatry
 037 Drug Literature Index
 LA English
 CT Medical Descriptors:
 *depression: DT, drug therapy
 *fatigue: DT, drug therapy
 *immunology
 *motivation
 adult
 case report
 psychological aspect
 human
 female

letter

priority journal

Drug Descriptors:

***amfebutamone: DT, drug therapy**

RN (amfebutamone) 31677-93-7, 34911-55-2

L36 ANSWER 78 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 90263852 EMBASE

DN 1990263852

TI Attention-deficit hyperactivity disorder.

AU Calis K.A.; Grothe D.R.; Elia J.

CS National Institutes of Health, Drug Information Service, Bethesda, MD
20892, United States

SO Clinical Pharmacy, (1990) 9/8 (632-642).

ISSN: 0278-2677 CODEN: CPHADV

CY United States

DT Journal; General Review

FS 007 Pediatrics and Pediatric Surgery

008 Neurology and Neurosurgery

032 Psychiatry

037 Drug Literature Index

038 Adverse Reactions Titles

LA English

SL English

AB The epidemiology, etiology, pathogenesis, clinical presentation, diagnostic criteria, and clinical course of attention-deficit hyperactivity disorder (ADHD) are described and the role of pharmacotherapy in the management of this disorder is discussed. ADHD is a behavioral disorder of unknown etiology characterized by inattention, impulsiveness, and hyperactivity. The behavior, which may be manifest at home, at school, or in social situations, is generally worse in settings requiring sustained attention; as a result, academic underachievement is frequently an associated problem. Although the onset usually occurs before the age of four years, ADHD is most commonly diagnosed when the child enters school. It is up to six times more common in boys than in girls. Nearly one third of all children with ADHD continue to show symptoms of the disorder in adulthood. While many questions about the pathophysiology of ADHD remain unanswered and a cure has not yet been found, pharmacotherapy can effectively control the symptoms of the disorder in most patients. Three psychostimulant medications - dextroamphetamine sulfate, methylphenidate hydrochloride, and pemoline - are considered the drugs of first choice for management of the behavioral manifestations of ADHD. Dextroamphetamine and methylphenidate are equally effective in improving the symptoms of ADHD. Pemoline, a newer agent, may be tried in patients who cannot tolerate or do not respond to these two first-line agents. Common adverse effects associated with stimulant medications include anorexia, insomnia, stomach pain, and weight loss; these are generally transient and decrease with time. Imipramine hydrochloride and desipramine hydrochloride are less effective and may produce more serious adverse effects than the psychostimulants and are therefore considered second-line agents for the treatment of ADHD. Dextroamphetamine sulfate, methylphenidate hydrochloride, and pemoline have been shown to effectively control the behavioral symptoms of ADHD. For maximum impact, pharmacotherapy should be accompanied by behavioral, educational, and psychosocial intervention.

CT Medical Descriptors:

*attention deficit disorder: DI, diagnosis

*attention deficit disorder: ET, etiology

***attention deficit disorder: DT, drug therapy**

*attention deficit disorder: EP, epidemiology

***hyperactivity: DT, drug therapy**

child

gastrointestinal symptom: SI, side effect

heart palpitation: SI, side effect

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neurotoxicity: SI, side effect
 tachycardia: SI, side effect
 human

oral drug administration
 review

priority journal

Drug Descriptors:

*amfebutamone: DT, drug therapy
 *amfebutamone: AE, adverse drug reaction
 *clonidine: AE, adverse drug reaction
 *clonidine: DT, drug therapy
 *desipramine: DT, drug therapy
 *desipramine: AE, adverse drug reaction
 *dexamphetamine: DT, drug therapy
 *dexamphetamine: AE, adverse drug reaction
 *fenfluramine: AE, adverse drug reaction
 *fenfluramine: DT, drug therapy
 *imipramine: AE, adverse drug reaction
 *imipramine: DT, drug therapy
 *lithium carbonate: DT, drug therapy
 *lithium carbonate: AE, adverse drug reaction
 *methylphenidate: DT, drug therapy
 *methylphenidate: AE, adverse drug reaction
 *pemoline: DT, drug therapy
 *pemoline: AE, adverse drug reaction
 *tranylcypromine: AE, adverse drug reaction
 *tranylcypromine: DT, drug therapy
 pemoline magnesium

RN (amfebutamone) 31677-93-7, 34911-55-2; (clonidine)
 4205-90-7, 4205-91-8, 57066-25-8; (desipramine) 50-47-5, 58-28-6;
 (dexamphetamine) 1462-73-3, 51-63-8, 51-64-9; (fenfluramine) 404-82-0,
 458-24-2; (imipramine) 113-52-0, 50-49-7; (lithium carbonate) 554-13-2;
 (methylphenidate) 113-45-1, 298-59-9; (pemoline) 2152-34-3;
 (tranylcypromine) 13492-01-8, 155-09-9, 54-97-7; (pemoline magnesium)
 18968-99-5
 CN (1) Pondimin; (2) Dexedrine; (3) Cylert; (4) Norpramin; (5) Pertofran; (6)
 Parnate; (7) Wellbutrin; (8) Ritalin; (9) Tofranil
 CO (1) Robins; (3) Abbott; (4) Merrell dow pharmaceuticals; (5) Rover; (6)
 Smith kline and french; (7) Burroughs wellcome; (9) Ciba geigy

L36 ANSWER 79 OF 93 MEDLINE

AN 91110831 MEDLINE

DN 91110831

TI Pharmacological responsiveness of winter depression.

AU Dilsaver S C; Del Medico V J; Quadri A; Jaeckle S

CS Department of Psychiatry and Behavioral Science, University of Texas
 School of Medicine, Houston 77225.

SO PSYCHOPHARMACOLOGY BULLETIN, (1990) 26 (3) 303-9.

Journal code: QG1. ISSN: 0048-5764.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

EM 199105

AB Seasonal affective disorders (SADs) are disturbances
 of mood bearing a fixed relationship to season. Wintertime
 depression is the most widely accepted form of SAD.
 Full-spectrum, bright artificial light is the standard treatment for this
 syndrome. Tranylcypromine was effective in the treatment of 14 patients
 meeting both the National Institute of Mental Health and DSM-III-R
 criteria for winter depression. The average patient experienced a 91
 percent reduction in depressive symptoms within 3 to 4 weeks of the
 initiation of this treatment. Desipramine initially appeared to be an
 effective treatment for winter depression. Eight patients started
 treatment with desipramine in October or November. One patient was

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unresponsive, and 8 patients appeared to be responsive but relapsed in the following 2 to 4 months. Twenty-five patients were subsequently treated with **bupropion**. One patient was unresponsive to **bupropion**, but the others experienced a substantial reduction in symptoms. Chronobiologic properties that might explain or predict the effectiveness of drugs used to treat winter depression are discussed.

CT Check Tags: Female; Human; Male
 Adult
 Antidepressive Agents: TU, therapeutic use
 *Depressive Disorder: DT, drug therapy
 Depressive Disorder: PX, psychology
 Desipramine: TU, therapeutic use
 Hypersomnia: DT, drug therapy
 Middle Age
 *Mood Disorders: DT, drug therapy
 Mood Disorders: PX, psychology
 Propiophenones: TU, therapeutic use
 Psychiatric Status Rating Scales
 Seasons
 Tranylcypromine: TU, therapeutic use
 RN 155-09-9 (Tranylcypromine); 34841-39-9 (Bupropion); 50-47-5
 (Desipramine)
 CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 80 OF 93 MEDLINE
 AN 89320857 MEDLINE
 DN 89320857
 TI Chocolate: pleasure or pain? [letter; comment].
 CM Comment on: Am J Psychiatry 1989 Jan;146(1):119-20
 AU Rakatansky H
 SO AMERICAN JOURNAL OF PSYCHIATRY, (1989 Aug) 146 (8) 1089.
 Journal code: 3VG. ISSN: 0002-953X.

CY United States
 DT Commentary
 Letter
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 198910
 CT Check Tags: Human
 *Antidepressive Agents: TU, therapeutic use
 *Cacao
 Cacao: AE, adverse effects
 *Candy
 Candy: AE, adverse effects
 Energy Intake
 Habits
 *Plants, Edible
 *Propiophenones: TU, therapeutic use
 Substance-Related Disorders: DT, drug therapy
 Substance-Related Disorders: PX, psychology
 RN 34841-39-9 (Bupropion)
 CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 81 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 88260082 EMBASE
 DN 1988260082
 TI Depression and pancreatic cancer.
 AU Shakin E.J.; Holland J.
 CS Department of Psychiatry, Memorial Sloan-Kettering Cancer Center, New York, NY, United States
 SO Journal of Pain and Symptom Management, (1988) 3/4 (194-198).
 ISSN: 0885-3924 CODEN: JPSMEU
 CY United States
 DT Journal; Journal

FS 008 Neurology and Neurosurgery
 016 Cancer
 024 Anesthesiology
 032 Psychiatry
 048 Gastroenterology
 037 Drug Literature Index
 009 SurgerySurgery

LA English
 SL English

AB Depression and psychological distress appear to be greater in patients with pancreatic cancer, compared to other equally ill patients with cancer, including those with other abnormal neoplasms. The several hypotheses regarding etiology are unproven, but the possibility of a tumor-related paraneoplastic syndrome which promotes the production of a false neurotransmitter capable of altering mood appears most logical at present. However, patients with pancreatic cancer have tumors with known poor prognosis and they often have pain. Both factors contribute to depression. Management of depression depends upon attention to adequate pain control, use of antidepressants and psychological support. Depression in pancreatic cancer raises challenging questions, both about its cause and treatment. Further research study of its psychological and biological components is important in oncology.

CT Medical Descriptors:
 *depression: ET, etiology
 *depression: CO, complication
 *pancreas cancer
 psychological aspect
 review
 human
 Drug Descriptors:
 *alprazolam: DT, drug therapy
 *amfebutamone: DT, drug therapy
 *amoxapine: DT, drug therapy
 *dexamphetamine: DT, drug therapy
 *maprotiline: DT, drug therapy
 *methylphenidate: DT, drug therapy
 *trazodone: DT, drug therapy
 *tricyclic antidepressant agent: DT, drug therapy
 amitriptyline
 desipramine

RN (alprazolam) 28981-97-7; (amfebutamone) 31677-93-7,
 34911-55-2; (amoxapine) 14028-44-5; (dexamphetamine) 1462-73-3,
 51-63-8, 51-64-9; (maprotiline) 10262-69-8, 10347-81-6; (methylphenidate)
 113-45-1, 298-59-9; (trazodone) 19794-93-5, 25332-39-2; (amitriptyline)
 50-48-6, 549-18-8; (desipramine) 50-47-5, 58-28-6

L36 ANSWER 82 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 87119607 EMBASE
 DN 1987119607
 TI The cancer patient with pain: Psychiatric complications and their management.
 AU Massie M.J.; Holland J.C.
 CS Psychiatry Service, Memorial Sloan-Kettering Cancer Center, New York, NY 10021, United States
 SO Medical Clinics of North America, (1987) 71/2 (243-258).
 CODEN: MCNAA
 CY United States
 DT Journal
 FS 037 Drug Literature Index
 008 Neurology and Neurosurgery
 LA English
 AB The psychiatric complications most often seen in cancer are depression, anxiety, and delirium. All are more likely to occur in the cancer patient who has pain. It is important for patient comfort and quality of

life to evaluate and intervene to manage the psychologic distress in the patient with cancer, especially if pain is a complication.

CT Medical Descriptors:

*anxiety
 *cancer
 *depression
 *drug comparison
 *drug dose
 *drug efficacy
 *drug indication
 *emotional stress
 *fear
 *pain
 *drug therapy
 *psychiatric complication
 delirium
 psychological aspect
 priority journal
 therapy
 oral drug administration
 short survey
 human

Drug Descriptors:

*alprazolam
 *amfebutamone
 *amitriptyline
 *amoxapine
 *chlordiazepoxide
 *clorazepate
 *desipramine
 *dexamphetamine
 *diazepam
 *diphenhydramine
 *doxepin
 *flurazepam
 *haloperidol
 *hydroxyzine
 *imipramine
 *isocarboxazid
 *lithium carbonate
 *lorazepam
 *maprotiline
 *methylphenidate
 *nortriptyline
 *oxazepam
 *perphenazine
 *phenelzine
 *phenobarbital
 *propranolol
 *secbutabarbital
 *thioridazine
 *tranylcypromine
 *trazodone
 *triazolam
 *trifluoperazine
 clorazepate dipotassium
 hydroxyzine embonate

RN (alprazolam) 28981-97-7; (amfebutamone) 31677-93-7,
 34911-55-2; (amitriptyline) 50-48-6, 549-18-8; (amoxapine)
 14028-44-5; (chlordiazepoxide) 438-41-5, 58-25-3; (clorazepate)
 20432-69-3, 23887-31-2; (desipramine) 50-47-5, 58-28-6; (dexamphetamine)
 1462-73-3, 51-63-8, 51-64-9; (diazepam) 439-14-5; (diphenhydramine)
 147-24-0, 58-73-1; (doxepin) 1229-29-4, 1668-19-5; (flurazepam) 1172-18-5,
 17617-23-1; (haloperidol) 52-86-8; (hydroxyzine) 2192-20-3, 64095-02-9,

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68-88-2; (imipramine) 113-52-0, 50-49-7; (isocarboxazid) 59-63-2; (lithium carbonate) 554-13-2; (lorazepam) 846-49-1; (maprotiline) 10262-69-8, 10347-81-6; (methylphenidate) 113-45-1, 298-59-9; (nortriptyline) 72-69-5, 894-71-3; (oxazepam) 604-75-1; (perphenazine) 58-39-9; (phenelzine) 156-51-4, 51-71-8; (phenobarbital) 50-06-6, 57-30-7, 8028-68-0; (propranolol) 13013-17-7, 318-98-9, 3506-09-0, 4199-09-1, 525-66-6; (secbutabarbital) 125-40-6, 143-81-7; (thioridazine) 130-61-0, 50-52-2; (tranylcypromine) 13492-01-8, 155-09-9, 54-97-7; (trazodone) 19794-93-5, 25332-39-2; (triazolam) 28911-01-5; (trifluoperazine) 117-89-5, 440-17-5; (clorazepate dipotassium) 57109-90-7; (hydroxyzine embonate) 10246-75-0

CN Xanax; Serax; Ativan; Halcion; Valium; Librium; Dalmane; Tranxene; Mellaril; Stelazine; Haldol; Trilafon; Benadryl; Atarax; Vistaril; Tofranil; Nardil; Inderal

L36 ANSWER 83 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 86032206 EMBASE
 DN 1986032206
 TI Therapeutic applications and mechanisms of action of monoamine oxidase inhibitor and heterocyclic antidepressant drugs.
 AU Goodman W.K.; Charney D.S.
 CS Ribicoff Research Facilities, Department of Psychiatry, Yale University School of Medicine, New Haven, CT 06508, United States
 SO Journal of Clinical Psychiatry, (1985) 46/10 II (6-22).
 CODEN: JCLPDE
 CY United States
 DT Journal
 FS 037 Drug Literature Index
 032 Psychiatry
 030 Pharmacology
 LA English
 AB Tricyclic antidepressants, monoamine oxidase inhibitors, and antidepressants of atypical structure are used in a variety of psychiatric and nonpsychiatric **disorders**. The efficacy of antidepressant drugs in major depression, panic **disorder**, obsessive-compulsive **disorder**, peptic ulcer disease, enuresis, **chronic pain**, migraine, bulimia, and attention deficit **disorder** is briefly reviewed. The rationale that led to each of these therapeutic applications is examined, and the possible mechanism of action is discussed in light of recent advances in neurobiologic research. It is concluded that improved understanding of antidepressant drugs' mechanisms of action may help elucidate the etiology of these **disorders** and yield more effective treatments.

CT Medical Descriptors:
 *compulsion
 *depression
 *drug efficacy
 *drug indication
 *drug mechanism
 *enuresis
 *migraine
 *panic
 *drug therapy
 *stomach ulcer
 bulimia
 chronic pain
 peptic ulcer
 priority journal
 therapy
 stomach
 oral drug administration
 short survey
 human
 central nervous system
 etiology

esophagus
 psychological aspect
 digestive system
 Drug Descriptors:
 *alprazolam
 *amfebutamone
 *amitriptyline
 *amoxapine
 *cimetidine
 *clomipramine
 *clorgyline
 *desipramine
 *doxepin
 *fluvoxamine
 *imipramine
 *maprotiline
 *mianserin
 *monoamine oxidase inhibitor
 *morphine
 *nomifensine
 *phenelzine
 *placebo
 *propranolol
 *ranitidine
 *sucralfate
 *trazodone
 *tricyclic antidepressant agent
 *trimipramine
 *zimeldine

RN (alprazolam) 28981-97-7; (amfebutamone) 31677-93-7,
 34911-55-2; (amitriptyline) 50-48-6, 549-18-8; (amoxapine)
 14028-44-5; (cimetidine) 51481-61-9, 70059-30-2; (clomipramine)
 17321-77-6, 303-49-1; (clorgyline) 17780-72-2; (desipramine) 50-47-5,
 58-28-6; (doxepin) 1229-29-4, 1668-19-5; (fluvoxamine) 54739-18-3;
 (imipramine) 113-52-0, 50-49-7; (maprotiline) 10262-69-8, 10347-81-6;
 (mianserin) 21535-47-7, 24219-97-4; (morphine) 52-26-6, 57-27-2;
 (nomifensine) 24526-64-5; (phenelzine) 156-51-4, 51-71-8; (propranolol)
 13013-17-7, 318-98-9, 3506-09-0, 4199-09-1, 525-66-6; (ranitidine)
 66357-35-5, 66357-59-3; (sucralfate) 54182-58-0; (trazodone) 19794-93-5,
 25332-39-2; (trimipramine) 25332-13-2, 739-71-9; (zimeldine) 56775-88-3,
 60525-15-7

L36 ANSWER 84 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.

AN 85099138 EMBASE

DN 1985099138

TI Therapeutic responses to tricyclic antidepressants and related drugs in
 non-affective disorder patient populations.

AU Murphy D.L.; Siever L.J.; Insel T.R.

CS Clinical Neuropharmacology Branch, National Institutes of Mental Health,
 Bethesda, MD, United States

SO Progress in Neuro-Psychopharmacology and Biological Psychiatry, (1985) 9/1
 (3-13).

CODEN: PNPPD7

CY United Kingdom

DT Journal

FS 037 Drug Literature Index

030 Pharmacology

032 Psychiatry

LA English

AB Although therapeutic responsiveness to tricyclic antidepressants has been
 primarily associated with the affective disorders, clinical
 investigations in the last decade have suggested that non-affected
 disorders such as panic disorders, obsessive-compulsive
 disorder, anxiety disorder, bulimia, enuresis,

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migraine, and the **chronic pain** syndrome may also respond to tricyclics and other antidepressants. This therapeutic responsiveness may sometimes be related to improvement in secondary depressive symptoms, but may also clearly occur in the absence of secondary depression: in particular, improvement in the core symptoms of at least some of these **disorders** may occur without a change in mood. Furthermore, many patients with these **disorders** display psychobiologic abnormalities that show many similarities, but also some differences, compared to those observed in patients with affective **disorders**, despite the frequent absence of affective symptoms. While an improvement in subclinical or 'masked' depression remains one hypothesis linking tricyclic responsiveness and shared biological abnormalities in this diverse group of diagnostic entities, an alternative hypothesis (the 'ven **disorder**' hypothesis) is presented, suggesting the possibility that tricyclic and other antidepressant-responding patients have a core **disorder** with common psychobiologic abnormalities but multiple clinical and diagnostic presentations. An alternative hypothesis (the 'shotgun' hypothesis) suggests that the multiple actions of tricyclics (e.g. on adrenergic receptors vs. muscarinic receptor vs. serotonin system changes) may each be differentially important in the therapeutic outcome in patients with specific or predominant problems in one or another of these areas. An examination of both the similarities and differences among the non-affective, tricyclic-responsive **disorders** and the affective **disorders** may provide clues about the important psychobiologic elements in these **disorders**, and to the mode of action of tricyclic antidepressants and related drugs across the psychiatric **disorder** spectrum.

CT Medical Descriptors:

*anxiety
 *depression
 *panic
 ***drug therapy**
 priority journal
 therapy
 review
 human
 central nervous system
 psychological aspect

Drug Descriptors:

***amfebutamone**
 *amitriptyline
 *amoxapine
 *clomipramine
 *desipramine
 *doxepin
 *imipramine
 *iprindole
 *maprotiline
 *mianserin
 *monoamine oxidase inhibitor
 *neurotransmitter receptor
 *nortriptyline
 *placebo
 *protriptyline
 *trazodone
 *tricyclic antidepressant agent
 *trimipramine

RN (amfebutamone) 31677-93-7, 34911-55-2; (amitriptyline) 50-48-6, 549-18-8; (amoxapine) 14028-44-5; (clomipramine) 17321-77-6, 303-49-1; (desipramine) 50-47-5, 58-28-6; (doxepin) 1229-29-4, 1668-19-5; (imipramine) 113-52-0, 50-49-7; (iprindole) 20432-64-8, 5560-72-5; (maprotiline) 10262-69-8, 10347-81-6; (mianserin) 21535-47-7, 24219-97-4; (nortriptyline) 72-69-5, 894-71-3; (protriptyline) 1225-55-4, 438-60-8;

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(trazodone) 19794-93-5, 25332-39-2; (trimipramine) 25332-13-2, 739-71-9

L36 ANSWER 85 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 85078080 EMBASE
DN 1985078080
TI Effects of **bupropion** on weight in patients intolerant to
previous antidepressants.
AU Gardner E.A.
CS 4545 42nd Street, N.W. Suite 204, Washington, DC 20016, United States
SO Current Therapeutic Research - Clinical and Experimental, (1984) 35/2
(188-199).
CODEN: CTCEA
CY United States
DT Journal
FS 037 Drug Literature Index
030 Pharmacology
032 Psychiatry
LA English
AB Body weight was evaluated in 58 depressed outpatients who received
bupropion for a minimum of 3 months. All patients had poorly
tolerated previous antidepressant therapy and 42 patients (72%) reported
increased appetite and/or weight gain due to their prior antidepressant
therapy. The mean weight change on **bupropion** therapy was -6.8
pounds. The 42 patients with prior complaints of increased appetite and/or
weight gain due to prior antidepressant therapy had a mean weight change
of -9.0 pounds during **bupropion** treatment. Patients without
prior complaints of increased appetite and/or weight gain had a weight
change of only -1.0 pound during **bupropion** treatment. Neither
gender nor concurrent lithium administration significantly affected weight
change. Weight change and/or **bupropion** therapy did not correlate
with patients' complaints of increased appetite or anorexia.
Bupropion is a rational antidepressant choice in depressed
patients where weight is a clinically important factor, diabetes, heart
disease, pre-existing obesity, or weight gain secondary to antidepressant
therapy. The data are preceded by a review of the physiology of appetite
and **weight control** and the possible effect of
antidepressants on this system.
CT Medical Descriptors:
*appetite
*body weight
*depression
***drug therapy**
adverse drug reaction
priority journal
therapy
psychological aspect
clinical article
human
central nervous system
Drug Descriptors:
***amfebutamone**
*amitriptyline
RN (amfebutamone) 31677-93-7, 34911-55-2; (amitriptyline)
50-48-6, 549-18-8
CN **Wellbutrin**
CO Burroughs wellcome

L36 ANSWER 86 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
AN 84242827 EMBASE
DN 1984242827
TI Depressive illness and placebo response.
AU Sato T.L.; Turnbull C.D.; Davidson J.R.T.; Madakasira S.
CS East Carolina University School of Medicine, Greenville, NC, United States
SO International Journal of Psychiatry in Medicine, (1984) 14/3 (171-179).
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CODEN: IJMEDO
 CY United States
 DT Journal
 FS 037 Drug Literature Index
 032 Psychiatry
 LA English
 AB Fifty-three depressed inpatients received placebo treatment as part of a multicenter double-blind placebo-controlled study of an investigational antidepressant, **bupropion**. Groups of placebo responders and nonresponders were identified based on percentage change on the Hamilton Depression Scale and validated against the Clinical Global Impression Scale. Although the diagnostic and demographic features of responders and nonresponders were generally similar, some differences emerged. Placebo nonresponders were more often associated with male gender, lack of college education, diagnosis of manic-depressive illness and greater lack of insight at baseline. Placebo responders largely consisted of females with a diagnosis of depressive neurosis. When the individual symptoms as measured by the Hamilton Depression Scale were examined, the nonresponders showed improvement only in psychological symptoms (i.e., lack of interest, guilt, and suicide). The responders showed consistent improvement in most symptoms except middle insomnia, **loss of weight**, and diurnal mood change. These results suggest that depressions of an endogenous nature are unlikely to respond to placebo and when they do respond, the vegetative symptoms are least likely to improve.
 CT Medical Descriptors:
 *depression
 *neurosis
 *drug therapy
 sex
 therapy
 human
 central nervous system
 sex difference
 clinical article
 psychological aspect
 Drug Descriptors:
 *amfebutamone
 *placebo
 RN (amfebutamone) 31677-93-7, 34911-55-2
 L36 ANSWER 87 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 83107288 EMBASE
 DN 1983107288
 TI **Bupropion** (Wellbutrin.RTM.)-imipramine study: A single-blind comparison in depressed outpatients.
 AU Shopsin B.; Soper R.; Tyrer S.; et al.
 CS Affective Disorder-Lithium Clin., Bellevue Hosp Cent., New York Univ., New York, NY, United States
 SO Current Therapeutic Research - Clinical and Experimental, (1983) 33/3 I (339-361).
 CODEN: CTCEA
 CY United States
 DT Journal
 FS 038 Adverse Reactions Titles
 037 Drug Literature Index
 032 Psychiatry
 LA English
 AB **Bupropion HCl** (Wellbutrin) is a new antidepressant whose chemical structure and pharmacological profile are distinct from that of other 'standard' antidepressant drugs. The present study represents the only comparison of **bupropion** to the standard reference compound, imipramine HCl. Three **bupropion** dose regimens (150 mg/day; 300-450 mg/day; 600-900 mg/day) were compared to one imipramine regimen (up to 300 mg/day) in endogenously depressed
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outpatients using a randomized and parallel single-blind treatment trial. The present data indicate that **bupropion**, at all dose levels examined but more completely at high doses, displays definite antidepressant efficacy comparable to that of high dose imipramine. The clinical effects of this drug are apparent by the end of the first active drug treatment week and show statistical significance by the end of the second. An anxiolytic effect accompanies the antidepressant response to **bupropion**. Qualitatively, **bupropion** was distinct from imipramine, generally devoid of the side effects of an anticholinergic-cardiovascular nature attendant upon the use of imipramine. The absence of **weight gain** (a mild **weight loss**) without necessarily affecting appetite further characterizes the uniqueness of **bupropion**.

CT Medical Descriptors:

- *adverse drug reaction
- *agitation
- *anticholinergic effect
- *depression
- *drowsiness
- *drug comparison
- *drug efficacy
- *gastrointestinal toxicity
- *insomnia
- *nausea
- *neurotoxicity
- ***drug therapy**
- *tremor
- *vertigo
- trial
- therapy
- intoxication
- nervous system
- oral drug administration
- clinical article
- human
- central nervous system

Drug Descriptors:

- ***amfebutamone**
- *anxiolytic agent
- *imipramine
- *placebo

RN (amfebutamone) 31677-93-7, 34911-55-2; (imipramine)
113-52-0, 50-49-7

CN **Wellbutrin**

L36 ANSWER 88 OF 93 MEDLINE

AN 83213222 MEDLINE

DN 83213222

TI **Bupropion**: clinical assay for amphetamine-like abuse potential.

AU Griffith J D; Carranza J; Griffith C; Miller L L

SO JOURNAL OF CLINICAL PSYCHIATRY, (1983 May) 44 (5 Pt 2) 206-8.

Journal code: HIC. ISSN: 0160-6689.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 198309

AB **Bupropion** hydrochloride (100, 200, and 400 mg), d-amphetamine sulfate (15 and 30 mg), and placebo were compared in 13 volunteers who had histories of amphetamine abuse. Each dose was given orally at intervals of 3 or more days according to a double-blind, randomized crossover design.

Bupropion had little or no effect on blood pressure, pulse rate,

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respiration, body temperature, pupil diameter, subjective appetite, food intake, sleep, or selected subscales of the Addiction Research Center Inventory and Single Dose Questionnaire. Conversely, d-amphetamine was active on most measures. It is concluded that, despite **bupropion**'s reinforcing properties in animals, the compound is not amphetamine-like and is unlikely to give rise to such abuse in humans.

CT Check Tags: Animal; Human; Male

Adult

*Antidepressive Agents: PD, pharmacology

Appetite: DE, drug effects

Blood Pressure: DE, drug effects

*Dextroamphetamine: PD, pharmacology

Double-Blind Method

Eating: DE, drug effects

*Propiophenones: PD, pharmacology

Pulse: DE, drug effects

Pupil: DE, drug effects

Random Allocation

Respiration: DE, drug effects

Sleep: DE, drug effects

*Substance-Related Disorders

Substance-Related Disorders: PX, psychology

RN 34841-39-9 (**Bupropion**); 51-64-9 (Dextroamphetamine)

CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 89 OF 93 MEDLINE

AN 83213217 MEDLINE

DN 83213217

TI Effects of **bupropion** on body weight.

AU Harto-Truax N; Stern W C; Miller L L; Sato T L; Cato A E

SO JOURNAL OF CLINICAL PSYCHIATRY, (1983 May) 44 (5 Pt 2) 183-6.

Journal code: HIC. ISSN: 0160-6689.

CY United States

DT (CLINICAL TRIAL)

(CONTROLLED CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 198309

AB Patients' weights were assessed during placebo-controlled, amitriptyline-controlled, and uncontrolled **bupropion** trials. Low-moderate (50-450 mg/day) to moderate-high (300-750 mg/day) doses of **bupropion** were consistently associated with a lack of weight gain (average weight loss of 1-2 pounds); placebo was associated with an average weight gain of 1 lb and 75-225 mg/day of amitriptyline was associated with an increase of 3-9 lb. **Bupropion** treatment was rarely accompanied by reports of appetite change and had no statistically significant effect on caloric intake when compared to placebo.

CT Check Tags: Human

Amitriptyline: TU, therapeutic use

Antidepressive Agents: PD, pharmacology

*Antidepressive Agents: TU, therapeutic use

Appetite: DE, drug effects

*Body Weight: DE, drug effects

Clinical Trials

Dose-Response Relationship, Drug

Energy Intake: DE, drug effects

Placebos

Propiophenones: PD, pharmacology

*Propiophenones: TU, therapeutic use

RN 34841-39-9 (**Bupropion**); 50-48-6 (Amitriptyline)

CN 0 (Antidepressive Agents); 0 (Placebos); 0 (Propiophenones)

L36 ANSWER 90 OF 93 EMBASE COPYRIGHT 1999 ELSEVIER SCI. B.V.
 AN 83157713 EMBASE
 DN 1983157713
 TI Effects of **bupropion** on body weight.
 AU Harto Truax N.; Stern W.C.; Miller L.L.; et al.
 CS Med. Div., Burroughs Wellcome Co., Research Triangle Park, NC 27709,
 United States
 SO Journal of Clinical Psychiatry, (1983) 44/5 II (183-186).
 CODEN: JCLPDE
 CY United States
 DT Journal
 FS 038 Adverse Reactions Titles
 037 Drug Literature Index
 032 Psychiatry
 LA English
 AB Patients' **weights** were assessed during placebo-
controlled, amitriptyline-controlled, and uncontrolled
bupropion trials. Low-moderate (50-450 mg/day) to moderate-high
 (300-750 mg/day) doses of **bupropion** were consistently associated
 with a lack of **weight** gain (average **weight**
loss of 1-2 pounds); placebo was associated with an average weight
 gain of 1 lb and 72-225 mg/day of amitriptyline was associated with an
 increase of 3-9 lb. **Bupropion** treatment was rarely accompanied
 by reports of appetite change and had no statistically significant effect
 on caloric intake when compared to placebo.
 CT Medical Descriptors:
 *adverse drug reaction
 *appetite
 *body weight
 *drug comparison
 ***drug therapy**
 therapy
 oral drug administration
 controlled study
 clinical article
 human
 central nervous system
 Drug Descriptors:
 *amitriptyline
 *amphetamine
 ***amfebutamone**
 *placebo
 RN (amitriptyline) 50-48-6, 549-18-8; (amphetamine) 1200-47-1, 139-10-6,
 156-34-3, 2706-50-5, 300-62-9, 51-62-7, 60-13-9, 60-15-1; (amfebutamone)
 31677-93-7, 34911-55-2
 CN **Wellbutrin**

 L36 ANSWER 91 OF 93 MEDLINE DUPLICATE 18
 AN 83213203 MEDLINE
 DN 83213203
 TI **Bupropion** and amitriptyline in the treatment of depressed
 patients.
 AU Chouinard G
 SO JOURNAL OF CLINICAL PSYCHIATRY, (1983 May) 44 (5 Pt 2) 121-9.
 Journal code: HIC. ISSN: 0160-6689.
 CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (RANDOMIZED CONTROLLED TRIAL)
 LA English
 FS Priority Journals
 EM 198309
 AB **Bupropion**, a specific dopamine reuptake inhibitor, was compared
 to amitriptyline in two multicenter studies involving 183 depressed
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outpatients and inpatients. Initial results from these ongoing studies provide additional evidence of the antidepressant activity of **bupropion**. At the end of the treatment periods (6 weeks for inpatients and 13 weeks for outpatients), **bupropion** appeared to be at least as effective as amitriptyline. However, **bupropion** exerted a slightly but nonsignificantly smaller overall therapeutic effect than amitriptyline during the first 4 weeks of drug treatment. Slight **weight loss** and dopaminergic side effects, such as insomnia, nausea/vomiting, and anorexia, were somewhat more common among **bupropion**-treated patients. Compared to **bupropion**, amitriptyline induced more weight gain and had more anticholinergic, antihistaminic, and antiadrenergic side effects. In view of its numerous sites of action, amitriptyline does not appear to be the ideal antidepressant. It remains to be demonstrated whether **bupropion** has any advantage over secondary amine tricyclic antidepressants, such as nortriptyline and desipramine.

CT Check Tags: Comparative Study; Female; Human; Male

Adolescence

Adult

Aged

Ambulatory Care

*Amitriptyline: TU, therapeutic use

*Antidepressive Agents: TU, therapeutic use

Clinical Trials

*Depressive Disorder: DT, drug therapy

Depressive Disorder: PX, psychology

Hospitalization

Middle Age

*Propiophenones: TU, therapeutic use

Psychiatric Status Rating Scales

RN 34841-39-9 (**Bupropion**); 50-48-6 (Amitriptyline)

CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 92 OF 93 MEDLINE

AN 83213201 MEDLINE

DN 83213201

TI A double-blind comparison of **bupropion** and amitriptyline in depressed inpatients.

AU Davidson J; Miller R; Van Wyck Fleet J; Strickland R; Manberg P; Allen S; Parrott R

SO JOURNAL OF CLINICAL PSYCHIATRY, (1983 May) 44 (5 Pt 2) 115-7.

Journal code: HIC. ISSN: 0160-6689.

CY United States

DT (CLINICAL TRIAL)

(CONTROLLED CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 198309

AB **Bupropion** and amitriptyline were compared in a double-blind study of depressed inpatients. Treatment ranged from 2 to 4 weeks: early responders (Hamilton Depression Scale scores less than 10) were often removed from treatment after 2 or 3 weeks. Twenty-two patients completed treatment with **bupropion** and 18 with amitriptyline. Doses ranged from 450 to 750 mg/day for **bupropion** and 75 to 225 mg/day for amitriptyline. Overall, **bupropion** and amitriptyline were equally effective, as measured by the Hamilton Depression and Anxiety scales, Clinical Global Impressions, Zung Depression scale, and the SCL-90. Differences in the side effect profile and in weight change are described.

CT Check Tags: Comparative Study; Female; Human; Male

Adult

*Amitriptyline: TU, therapeutic use

*Antidepressive Agents: TU, therapeutic use

*Appetite: DE, drug effects

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Body Weight: DE, drug effects
Clinical Trials
*Depressive Disorder: DT, drug therapy
Depressive Disorder: PX, psychology
Double-Blind Method
*Hospitalization
Middle Age
*Propiophenones: TU, therapeutic use
Psychiatric Status Rating Scales
RN 34841-39-9 (Bupropion); 50-48-6 (Amitriptyline)
CN 0 (Antidepressive Agents); 0 (Propiophenones)

L36 ANSWER 93 OF 93 MEDLINE DUPLICATE 19
AN 83145358 MEDLINE
DN 83145358
TI A comparison of the safety and efficacy of **bupropion** HCL and
amitriptyline hcl in depressed outpatients.
AU Remick R A; Campos P E; Misri S; Miles J E; Van Wyck Fleet J
SO PROGRESS IN NEURO-PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY, (1982) 6
(4-6) 523-7.
Journal code: Q45. ISSN: 0278-5846.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198306
AB 1. Thirty adult outpatients diagnosed with depressive illness were treated
with either **bupropion** HCL or amitriptyline HCL. 2. Weekly
ratings of efficacy and safety were undertaken using the Hamilton
Depression, Hamilton Anxiety, Clinical Global Improvement, and Treatment
Emergent Symptom Scales. Periodic physical investigations were also
performed. 3. After 4 weeks of active treatment patients in both drug
groups showed significant improvement on all rating scales. 4. The side
effect profile of each drug was clinically different from one another with
a notable absence of anticholinergic side effects characteristic of the
bupropion group. 5. No significant laboratory or physical changes
were found although slight changes in weight were noted with
bupropion patients having a slight **weight loss**
and amitriptyline patients a slight **weight gain**. There were no
withdrawal effects from discontinuing either drug.
CT Check Tags: Comparative Study; Female; Human; Male
Adult
Amitriptyline: AE, adverse effects
*Amitriptyline: TU, therapeutic use
*Antidepressive Agents: TU, therapeutic use
Clinical Trials
*Depressive Disorder: DT, drug therapy
Depressive Disorder: PX, psychology
Double-Blind Method
Propiophenones: AE, adverse effects
*Propiophenones: TU, therapeutic use
RN 34841-39-9 (Bupropion); 50-48-6 (Amitriptyline)
CN 0 (Antidepressive Agents); 0 (Propiophenones)